Manitoba

Annual Report
1987 - 88

Health

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Minister of Health

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

June 1, 1989

His Honour George Johnson
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the privilege of presenting herewith the Annual Report of Manitoba Health for the fiscal year 1987-88.

Respectfully submitted,

Donald W. Orchard

Manitoba

Manitoba

Deputy Minister of Health

Winnipeg, Manitoba, CANADA
R3C 3R8

June 1, 1989

The Honourable Donald W. Orchard
Minister of Health

Sir:

I have the privilege of presenting herewith the Annual Report of Manitoba Health for the fiscal year 1987-88.

The report reflects the Department's accomplishments over the past year in enhancing community based health services across the province.

Respectfully submitted,

Frank A. Maynard

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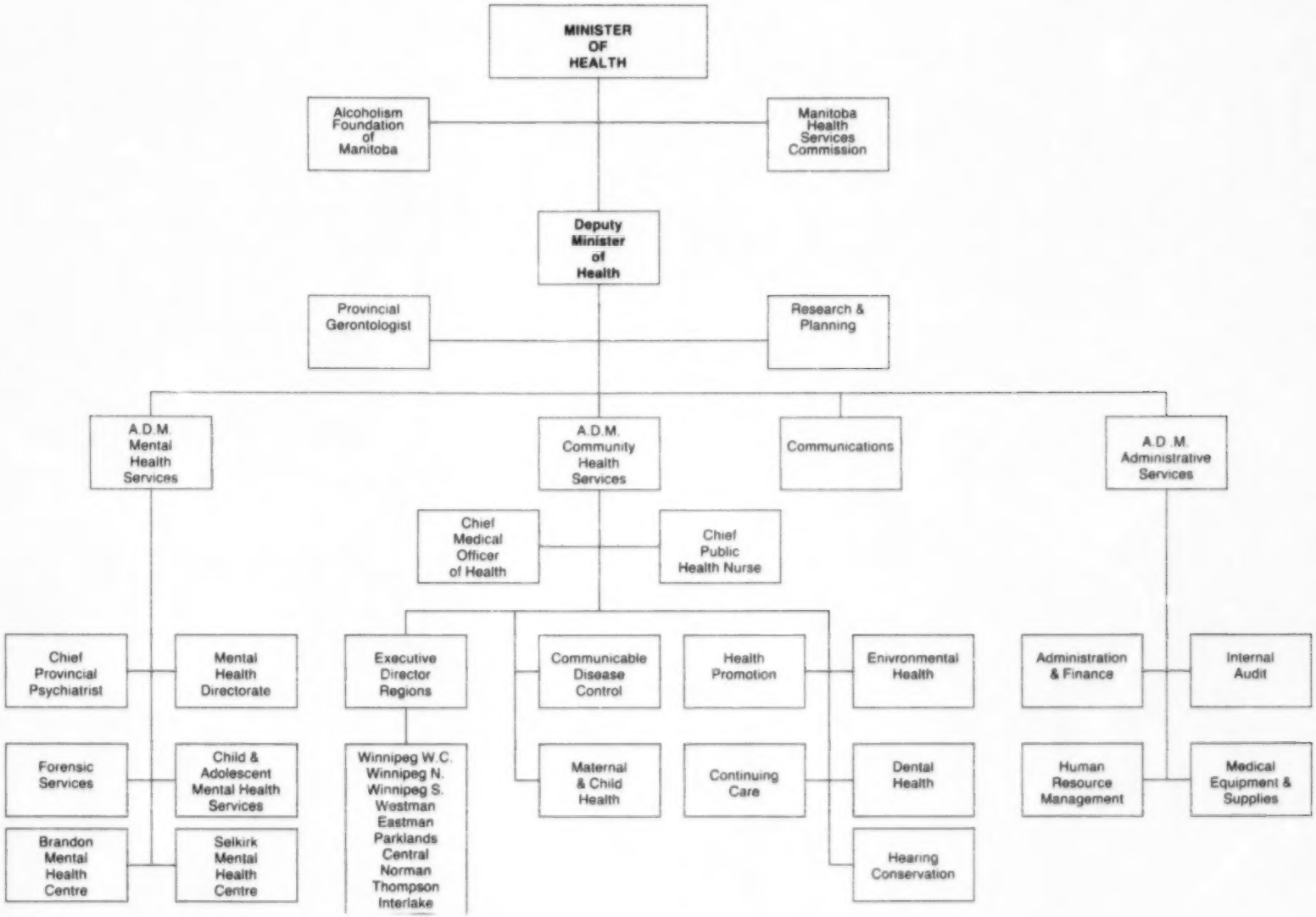

Administrative Services Division

The Administrative Services Division is composed of five integrated branches: Administration and Finance, Human Resource Management, Internal Audit, Medical Supplies and Home Care Equipment, and Information Resources.

The major responsibilities of the division include financial planning and human resource management for the Department. This involves ongoing liaison with program and operational divisions in order to promote the most efficient use of available fiscal and human resources.

The division provides a range of services aimed at improving the operational efficiency of the Department and increasing cost effectiveness while enhancing service delivery to the public. These services include comprehensive operational reviews and internal audits.

The division is responsible for both a central information resource centre and a warehousing and distribution operation for medical equipment and supplies. The development and administration of departmental funding for external agencies is also included within this division.

Administration and Finance

This branch manages the internal financial affairs of the Department, administers funding to external agencies, directs the administration of the Information Resources Centre and coordinates support services to meet departmental operating requirements.

Through central financial planning and coordination, the Program Budget Review Section controls the Department's financial resources, facilitates the development of the annual estimates, conducts financial analysis and provides financial reports to senior management and central government.

The Accounting and Operational Support Section is responsible for the payment of accounts, the collection of revenue and the processing of departmental homemaker payrolls. The Section also facilitates the planning, acquisition and management of departmental facilities and vehicles and equipment, and coordinates the implementation of records management, consistent with the overall policy and directives issued by Government Records.

The Agency Relations Section is responsible for providing funding in support of external agencies consistent with the provisions of the Financial Administration Act and related directives.

In 1987/88, this section coordinated the implementation of a computerized financial commitment accounting system, which included the installation and training in regional and branch offices across the department.

Human Resource Management

This branch provides support services to the department, including the Mental Health Centres, in the areas of delegated recruitment and selection, position evaluation and classification, pay administration and payroll, labour relations and human resource development. In addition, this branch provides management and staff with consultation and interpretation of human resource policies, legislation, and collective agreements and develops and implements departmental human resource policies and procedures.

Affirmative Action continued to be a major emphasis in all human resource activities during the 1987-88 fiscal year. A full-time Affirmative Action Specialist was hired during this period, to assist in the coordination and implementation of the Affirmative Action policy within the department. Outreach efforts through agencies representing target groups have continued, including participation in the Native Clerical Training program offered by Core Area Initiative.

Career advancement of women in clerical categories continues to be a priority of the department's Affirmative Action plan. Consistent with that objective, a position has been created from within existing resources in the branch to provide the opportunity for a clerical staff person to develop skills in personnel administration and for the branch to provide enhanced human resource services specifically to clerical staff in the department.

Collective bargaining for a first collective agreement for Home Care Attendants employed in Winnipeg began last year and an agreement was reached effective March 12, 1988. Policies are now being developed to ensure that the agreement is administered in an efficient manner. Human resource staff also provided support and consultation in the negotiation of the M.G.E.A. and M.M.A. contracts which are now finalized.

Branch staff participated in a joint Manitoba Health/Community Services Committee to provide expertise and support in the areas of classification and payroll toward the development of the Manitoba Support Services Payroll system.

The branch has been instrumental in the implementation of the government's no-smoking policy within the department and all employees are to be commended for their cooperation.

Internal Audit

The Internal Audit Unit is responsible for the provision of operational and financial system reviews. These reviews are aimed at identifying areas for improvement to contribute to the economy, efficiency and effectiveness of the area under study. The functions of the unit are consistent with guidelines approved by Treasury Board and Manitoba Finance relating to internal audit. All organizational units within the department are subject to review on both a systematic and request basis as approved by the Departmental Audit Committee.

During the past year this branch completed a number of assignments which included:

- Brandon Mental Health Centre Financial Systems Audit
- Mental Health Staff Patient Ratios Review
- Home Orderly Audit
- Biologics Audit

as well as special assignments related to program and administrative activities.

Medical Supplies and Home Care Equipment

The Medical Supplies and Home Care Equipment Branch is responsible for the acquisition, warehousing, distribution, maintenance and repair of various medical supplies and equipment. The program is primarily delivered through the Winnipeg office and has two rural depots located in Brandon and Dauphin. The supplies and equipment provided by this branch facilitate patient home care, thus reducing long hospital stays.

Medical Supplies include approximately 350 different supply items distributed to Manitoba residents in support of the Provincial Home Care and Public Health Programs. Statistics for 1987/88 indicate a 13.9 per cent increase in registered clients when compared to 1986/87. Statistics also indicate a 14.6 per cent increase in services to clients registered on the program in 1987/88.

There are approximately 125 different medical equipment items such as bathroom aids, bedroom furnishings, and support and mobility aids to assist individuals in their own home. These are loaned from individual branches on request from a medical practitioner. In 1987/88, 35,213 services were provided to 15,487 individuals registered with the program. The number of cases opened in 1987/88 increased 12.5 per cent, from 6,097 in 1986/87 to 6,857 in 1987/88.

Oxygen concentrators are provided to individuals who require oxygen in accordance with certain medical criteria. Overall client caseload had stabilized in 1987/88, but servicing these oxygen concentrators has impacted greatly on staff time.

Stoma care products are provided to all ostomate clients registered with the program. The program also employs two enterostomal therapists who act as consultants in meeting the varied needs and problems of clients that are serviced by the program. In 1987/88 statistics indicated a 4 per cent increase in client caseload from 1986/87 and an 11 per cent increase in services provided over the previous year.

The branch also administers the acquisition of standard and electric wheelchairs for the Manitoba Wheelchair Services Program. Distribution and repair services for the wheelchairs are provided through the Society for Manitobans with Disabilities, Inc. Increased service demands in 1987/88 resulted in the purchase of 200 additional standard wheelchairs.

In 1987/88, an IBM Personal Computer was installed to assist in financial commitment accounting.

With increased service demands, this branch is slated for mainframing in the 1988/89 fiscal year which should provide a more expedient and efficient computer system.

Information Resources Centre

The Information Resources Centre provides information, referral and reference services especially to the staff of MB Health and MB Community Services as well as to other government departments and educators and the general public. The Centre collects, researches and loans technical reference materials on health and social service subjects. Responses to over 1,400 requests were delivered this year. The Centre also loans films, packaged programs, and other audio visual materials, and distributes the printed resources which support departmental programs and services. Over 1,000,000 publications and 9,400 films were distributed this year.

During the 1987/88 fiscal year, the Information Resources Centre obtained 2 IBM PS2 computers, a printer, and a library online catalogue software package. Automation of the Centre's audio visual collection began with copy cataloguing being found for about 700 of 1,000 audio visual titles using a library utility called UTLAS.

Future plans include completing the cataloguing for 1,000 audio visual items; producing an Audio Visual Book catalogue to be printed and distributed in the fall

of 1988; cataloguing and inputting a current backlog of about 300 books and reconversion of 20,000 catalogued books from card to online catalogue. Also planned is the purchase of additional software packages to expand the online database to include circulation, acquisitions, serials etc. As well, the Resource Centre plans to provide an online search service to respond to literature search requests.

Community Health Services

This Division is responsible for program and policy development, services to support the programs of Manitoba Health, and the health service delivery system provided through regional offices.

The underlying philosophy of the Division is the provision of programs and services which are directed at specific target populations with the aim of improving the health and well being of Manitobans. This philosophy crosses the basic spectrum of promotion, prevention and care services.

Program directorates are responsible for providing leadership for the development of community health programs, the establishment and monitoring of program standards, professional consultation to staff, as well as staff training and development.

Program services are delivered using a community based service delivery model within defined geographic catchment areas. Currently in Manitoba this translates into ten provincially administered regional delivery units.

Regional Operations

For administrative and service delivery purposes, Manitoba is subdivided into ten regions. These regional offices provide a wide range of community based health and social services. These include services in the following areas: communicable disease control, audiological services, maternal and child health, health promotion, health education, home economics, services to seniors, home care, community mental health, dental health, environmental health, child and family services, mental retardation and rehabilitation, child day care, and medical consultation.

In each of the ten regions, the health service delivery system is managed by a Regional Director who is responsible for the administration and delivery of field services of Manitoba Health and Manitoba Community Services.

Regional Directors report to the Executive Director of Regional Operations. Program and fiscal controls for health programs come within the jurisdiction of Manitoba Health. Program and fiscal controls for social service programs come within the jurisdiction of Manitoba Community Services. Both departments maintain central office program directorates which have responsibility for development, standards control, monitoring, technical support and financial control of their programs. These specialized program units work directly with the regional field system to provide direction and support to the service delivery component.

The Executive Director of Regional Operations works closely with Regional Directors to promote departmental objectives including the identification and establishment of methods for solving problems related to program delivery.

Communicable Disease Control Directorate

The goal of Manitoba Communicable Disease Control (MCDC) is to minimize the adverse effects of communicable diseases on the health of Manitobans. Primary prevention or total avoidance of communicable diseases is achieved through an active immunization program. When an infection is present but asymptomatic, secondary prevention or prevention of disease progression is attained through passive immunization programs such as the provision of immune globulin for hepatitis A and the treatment of sex contacts of gonorrhea and syphilis. Tertiary or curative measures are initiated when disease outbreaks occur. Reports of diseases of public health significance are forwarded by health care personnel in the province to Communicable Disease Control for appropriate action. In addition, these reports become part of provincial, national and international statistics and contribute to the global surveillance of communicable diseases.

Significant progress has been made in the control of communicable diseases. Examination of life tables show that individuals born 40 - 50 years ago, experienced a substantial reduction in life expectancy as a consequence of the serious communicable diseases of infancy. Current preventive measures to combat these infectious diseases have succeeded in securing dramatic improvements in life expectancy of babies born today. Although this achievement is significant, these gains can only be maintained through continuing existing programs and developing new programs to meet the ever-evolving patterns of communicable diseases. Challenges range from the elimination of familiar diseases like measles to developing appropriate strategies to prevent the transmission of hepatitis B from an infected mother to her newborn and to motivating individuals to change their lifestyle to control the spread of the human immunodeficiency virus.

Vaccine-Preventable Illnesses

Control of vaccine-preventable diseases is facilitated in the Directorate by the support and monitoring of immunization programs; by investigation and intervention upon report of such diseases by the laboratories and health care professionals; and by education of health care professionals and the general public.

Immunization programs: The Directorate continues to review and recommend immunizing agents for children, adults, travellers, and workers. The Directorate provides immunizing agents at no cost for a majority of immunizations which it recommends, to encourage high rates of compliance.

Diphtheria, Pertussis, Tetanus (DPT): DPT immunization is still recommended for all Manitobans. Although there was only one case of diphtheria in the province in 1987, the disease was fatal, and is readily prevented by immunization. Pertussis (whooping cough) epidemics with their attendant morbidity still occur annually; 28 cases were reported in 1987. The persistance of this serious disease can be attributed in part to inadequate immunization rates. New pertussis vaccines are being tested, but their advantages over the present vaccine remain to be demonstrated, and licensing in Canada remains years away. Tetanus is rare, but the organism which causes it is a common contaminant of the environment. DPT will be needed for the foreseeable future.

Poliomyelitis vaccine: No cases of polio were reported in 1987, however, the disease is still prevalent elsewhere. Manitobans will require immunization until polio is eradicated from all parts of the world. A new polio vaccine is undergoing tests prior to licensing; it will be given with DPT in a single injection.

Measles, Mumps, Rubella: This vaccine is recommended for all children at or after their first birthday. Failure to attain and maintain high immunization levels allows epidemics of these diseases to occur. In 1987, there was a small outbreak of measles, and sporadic cases of mumps and rubella in the province.

Immunizations for Travellers: Persons travelling internationally may receive cholera, typhoid and/or immune serum globulin prior to their trip. Other special immunizations may be recommended for some travellers.

Immunizations for Workers: The Directorate provides information regarding the risk of infectious disease in the workplace, and recommendations for immunization and infection control. Possible exposures to hepatitis B are investigated and prophylaxis is provided if necessary.

Other Immunizations: Persons who may have been exposed to rabies because of an animal bite are given rabies immune globulin and rabies vaccine. There were no cases of rabies in humans in 1987, but the disease is endemic in several animal populations in the province. Immune serum globulin may be recommended in outbreaks of hepatitis A; there were approximately 160 cases reported in 1987.

Monitoring of Immunizations

The Manitoba Immunization Monitoring System (MIMS) has been converted from mini computers to the mainframe, and will soon be providing data to health care professionals. MIMS will provide population-based information about immunization levels, as well as individual-specific information. In the future, it may be modified to record adverse reactions to vaccines. These reports are presently monitored manually, and summarized by the Laboratory Center for Disease Control in Manitoba. The City of Winnipeg will participate in MIMS; negotiations with Federal Medical Services Branch are ongoing.

Investigation of Outbreaks of Communicable Diseases

The Directorate receives reports of communicable diseases from physicians, laboratories, health care facilities, and regional public health units. These are referred where necessary and assistance is provided to the health care units in the form of advice and/or human resources, if required. Reports of vaccine-preventable illnesses such as measles and mumps are investigated, as are other diseases for which an intervention is required. Cases of meningitis and gastroenteritis are examples of this activity.

The Directorate is undergoing computerization of its information systems, which will increase efficiency in monitoring communicable diseases. This will enhance our ability to respond to emergencies such as epidemics, and to monitor the effects of ongoing control programs.

Education and Information

The Directorate provides general information to travellers, members of the general public, and health care professionals. Workshops were held for groups of CUSO recruits, and staff conducted seminars and lectures for nursing and medical students. Staff members participate in activities of the Community Medicine program at the Faculty of Medicine.

Sexually Transmitted Diseases Control Program

The goal of this program is to reduce the incidence of sexually transmitted diseases (STDs), to prevent the further spread of infection and reduce associated morbidity in Manitoba. The six notifiable diseases under the provincial regulations are gonorrhea, chlamydia, syphilis, acquired immunodeficiency syndrome, chancroid and lymphogranuloma venereum. The STD control office reviews and assesses each report of these diseases to ensure that cases and their contacts have been appropriately managed. The central registry maintained by the STD control office allows for prompt investigation of cases and sex partners. It is also used for tabulation of statistics and for the identification of high risk groups. These data further contribute to program planning.

Since 1981 the reported incidence of gonorrhea has steadily decreased and in 1987 a decrease of 5% was noted from the previous year.

There were 14 cases of penicillin resistant *Neisseria Gonorrhoeae*. These infections were quickly contained and no spread in Manitoba was identified.

Chlamydia trachomatis was made a notifiable disease in April 1987. There were 3,295 cases reported from May 1 to December 1987. It is estimated that there were over 6000 cases for the total year.

In 1987 the incidence of syphilis decreased by 65% from the previous year.

There were 634 positive serological reports of syphilis received from Cadham Provincial Laboratory. Of these 117 were not known to the STD control office and required investigation and treatment.

Manitoba experienced an outbreak of chancroid in 1987. This is an imported disease and 16 cases were reported. This outbreak was contained with rapid and effective case management.

Information updates for professionals on the management of sexually transmitted diseases remains a very important activity of the STD division. Courses on the advanced methods of patient interviewing and contact tracing were held. A total of 24 nurses attended. As well, lectures on the management of the major STDs were provided to 413 student nurses in various nursing programs and 222 post-graduate nurses.

The STD control office continues to receive positive laboratory results from all accredited laboratories. The STD office then notifies each attending physician to provide the information and to collect pertinent data. In November 1987, the STD program was decentralized in the Winnipeg and Thompson regions and these regions became responsible for the case management within their regions.

AIDS Program

AIDS is a sexually transmitted disease and in April 1987 was added to the list of reportable diseases. Under the Public Health Act, a physician must report a diagnosed case of AIDS, and the laboratory must report all HIV infections to the Director of Communicable Disease Control.

There were 9 cases of AIDS reported in 1987. The number of individuals tested for the HIV antibody in 1987 was 3074, with 54 of those testing positive.

An AIDS Symposium focusing on the epidemiology of AIDS was conducted and reached 400 professionals and lay public.

An Interdepartmental Committee was established in order to provide a coordinated approach by all government departments in the management of AIDS virus infections.

A series of Infection Control Guidelines was developed to provide information on measures which should be taken to prevent transmission of the AIDS virus infection in the community, in institutions and in other workplaces. The HIV Testing Protocol and Physician Information Package (Information Update for Health Care Providers) was revised and distributed to all physicians in Manitoba.

A Nurse Epidemiologist and Health Educator were employed to develop and implement the expanded AIDS Program.

Phase I of a multi-phase, multi-media AIDS Education Campaign was conducted. It was designed to provide factual information about AIDS and AIDS virus infections to Manitobans, through the use of media messages for television and radio and the development of printed literature and posters. Volunteers assisted in disseminating these materials. The AIDS Telephone Information Line was established to support the campaign. An omnibus survey conducted on completion of the campaign indicated the general public approved of government involvement in this campaign.

The section participated in the development and implementation of the AIDS curriculum for Grades 7 - 12. Twenty-seven inservice sessions were conducted jointly with Manitoba Education to prepare 600 educators across the province to deliver the curriculum to students.

Education programs for aboriginal peoples and immigrant/newcomers were initiated.

A voluntary contact tracing/partner notification program was planned and implementation is imminent.

The STD section continues to address the many issues of AIDS Virus Infections through consultation, workshops, inservices, preparation and updating of staff and HIV counsellors, and public information.

Recognizing that AIDS virus infections cause concern in the professional, lay and at risk community, this section meets regularly with various government departments and non-government organizations to ensure a coordinated approach to the care and management of persons with HIV infections and AIDS. An ad hoc committee on delivery of health care services to persons with HIV infection has been set up to deal with AIDS patients.

Food Protection Operations 1987-88

Food Protection programs are designed to provide all Manitobans with the highest possible level of protection from unsafe or unwholesome foodstuffs. This objective is obtained by:

- detecting and controlling microbiological chemical and physical contamination in the production, processing, packaging, marketing and service of all food products;

- resolving food related complaints and enquiries;
- investigating suspected food borne disease outbreaks and ensuring that appropriate remedial action is taken;
- developing and presenting educational programs to the food industry, educational institutions, regulatory agencies and the public;
- providing technical support service to the food industry and regulatory agencies;
- developing and monitoring food regulations or guidelines; and their field application.

A general safety and quality assessment service for all food items, equipment and processes was provided, including the investigation of food borne disease outbreaks. Continuing efforts were made to improve the reporting and investigation of food borne disease incidents cooperatively with the related agencies. The prime concern is to avoid further incidents by ensuring that preventive measures are taken by the responsible parties and the necessary food sanitation training takes place. The *hazard analysis critical control* point concept is emphasized in inspection procedures and in industry contacts.

As food is commonly involved in the transmission of *salmonella* organisms, responsibility for the epidemiological investigation of reported cases has been undertaken. The designation of field contact persons in this program has resulted in an improvement in the response time and investigation detail.

Although not currently reportable, human *Campylobacter* cases have been also investigated by field staff and reports submitted for review. Raw milk consumption is found to be a factor in many instances.

In cooperation with the Cadham Provincial Laboratory, arrangements are made to conduct bacteriological and other tests on food samples submitted as a result of suspected food borne disease, specific complaints and as a part of a monitoring program of potentially hazardous food groups. A screening and interpretation service in this area is provided. Testing priority is given to the ready-to-eat foods with meat or poultry ingredients. Particular attention was given to ensuring that all reported complaints are investigated fully and that the results are provided to the complainant. Foreign material such as glass, metal and insects in foods are continuing to be reported and preventive measures are ongoing with the food manufacturing and processing industry in an effort to reduce these occurrences.

Special projects were undertaken to:

- investigate emerging disease producing organisms *Listeria* and *Yersinia* which can grow at normal food refrigeration temperatures.
- study the preparation and marketing of seed sprouts (bean, alfalfa) as these items are now considered to be capable of supporting the growth of disease producing micro-organisms.

Thirty-one rural slaughterhouses were operating, with inspection and approval of animals for health/safety provided under the Federal/Provincial Domestic Meat Inspection agreement. One poultry plant is included in this program.

Food handling establishment regulations under The Public Health Act have been updated and provided in bilingual format.

Leadership and direct participation in food industry education programs in cooperation with industry organizations and other control agencies was provided. Both printed and audiovisual materials were utilized. Programs were directed to:

- food service operations,
- meat processors,
- retail food stores,
- educational institutions, and
- consumer groups.

Maternal and Child Health Directorate

The Maternal and Child Health Directorate provides leadership in the development, coordination, and evaluation of programs which promote and maintain the health status of infants, children and adults over the childbearing and childrearing years. Programs are developed in the areas of reproductive/preconceptual health, perinatal health, and child health. The Directorate provides consultation and support services to departmental staff and community agencies.

In all of the program areas, the staff continued an ongoing review and selection of publications and audiovisual resources for use by health, education and social service providers. New teaching and client information resources on a variety of topics were developed and distributed. During the past year, a major emphasis was placed on identifying resource materials for use in the child health program.

The Directorate collaborated on the development of a demonstration project, Shortened Hospital Stay for Low Birth Weight Infants. The project is to be implemented in 1988/89.

Preconceptual Health

The reproductive health promotion program provides information and resources to assist people to attain optimal reproductive health prior to pregnancy. The program components of public awareness activities, community education, individual counselling and clinical services have been maintained.

The Directorate continued to provide in-service and consultation to regional staff, school counsellors, educators, and other health professionals. The reproductive health outreach workers at community health centres in Winnipeg maintained outreach activities in the catchment areas of the health centres.

Annual comparative aggregate information on service delivery across a variety of settings was compiled, analyzed and published.

The Directorate staff maintained an advisory function to some groups funded by the Directorate to promote reproductive health.

Family planning counselling and family planning supplies continued to be provided through community health family planning clinics and departmental clinics. A variety of print resources on the topic of early detection of cervical cancer were developed. Some of these are being translated into several languages.

Perinatal Health

A revised model for the coordinated delivery of perinatal services was introduced and is being implemented in Winnipeg hospitals.

The Report of the Community-based Management of Pregnancy Induced Hypertension Pilot Project was published and distributed.

Print resources were developed on the topic of postpartum depression, and information kits on this were distributed to health care providers. Revision of several other print resources was undertaken and will be completed in 1988.

Child Health

During this fiscal year, a review of the lice screening program resulted in a refocusing of public health nursing activity into public education. Supporting resources were developed and distributed widely.

Educational resources were made available for use in child health and parenting programs. A directory of services for parents in Manitoba was developed and distributed to agencies and health and social service providers.

Congenital Anomalies Registry

The Directorate continued to maintain a central registry of congenital anomalies. This data provides a surveillance and documentation function and is reviewed on an ongoing basis by the Section of Clinical Genetics, University of Manitoba.

Health Promotion Directorate

The Health Promotion Directorate provides leadership in the development and delivery of programs, services and policies aimed at influencing positive health attitudes, knowledge and lifestyle behavior. Together with disease prevention and community care, health promotion is a key component of Manitoba Health's prevention strategy. By focusing on the population as a whole, prevention programs aim at increasing the proport on of the population that remains well and reducing the severity of illness among the rest.

Cardiovascular Health Promotion

Cardiovascular disease is a major cause of death and disability in Manitoba, accounting for over 9,000 potential years of life lost in 1987 (Manitoba Vital Statistics). The goals of the Cardiovascular Health Promotion Program is to reduce cardiovascular disease-related morbidity, disability and premature mortality in Manitoba.

The major function of the program is to integrate and coordinate cardiovascular health activities throughout Manitoba. Typical activities include: liaison with other government and non-government organizations to encourage cooperative "heart-health" initiatives; "healthy lifestyle" education in schools provided by public health nurses and health educators; education and follow-up by community nurses of those with hypertension; follow-up by public health and continuing care nurses of patients after cardiac surgery, heart attack or stroke; nutrition education to reduce cardiovascular disease risk; cardiovascular health information provided by fitness leaders; and the development of resource materials for cardiovascular health promotion.

Resource development to relay healthy lifestyle messages and provide information on risk reduction to Manitobans is continuing in 1988-89. Community and workplace based projects focusing on physical activity, nutrition, non-smoking and hypertension control are continuing.

Diabetes Education

The Diabetes Education Program is designed to provide coordinated planning and delivery of education services for persons with diabetes, diabetes education for health professionals and primary prevention of diabetes in Manitoba. Community-based Diabetes Education Resource (DER) centres have been established to accomplish this mandate. Each DER is staffed by a registered nurse and a registered dietitian, who provide a comprehensive diabetes education program along with client assessments and follow-up. Four additional Diabetes Education Resources were established in 1987/88, bringing the total number of DERs to 12.

The "Diabetes Education Program Manual for Health Professionals" was updated. The manual has gained national recognition and is being utilized in many institutions and organizations in Manitoba. Further development of educational materials will occur in 1988/89.

Since its establishment in 1985, the program has grown to encompass all areas of the province. The program continues to develop its service delivery capacity.

Fitness Section

Currently, about 55% of Manitobans 15 years and over engage in regular exercise. It is the objective of this section to raise this to 60 percent over the next four years.

Fitness programs support a number of health promotion initiatives, including the cardiovascular health program. Three lifestyle factors which can reduce the risk of cardiovascular disease are smoking reduction, a healthy diet and exercise. Because exercise provides immediate gratification for individuals and is enjoyable, it can serve as an incentive for other positive health behaviors.

In the past, a key strategy has been to inform the public about the health benefits of regular exercise. However, recent studies suggest that lack of knowledge is no longer the most important impediment to fitness. Instead, the perceived barriers are "lack of time" and "lack of opportunity", suggesting the need for interventions at a more personal level. The directorate has therefore begun to shift towards a community mobilization strategy.

This strategy has a number of components. The first component is the training and accreditation of fitness leaders to conduct fitness and healthy lifestyle programs in all regions of Manitoba. This program is delivered in cooperation with the University of Manitoba.

The second major component is support for community-based fitness activities such as workshops focusing on healthy lifestyles. The expected outcome is to establish community-based, voluntary activities that promote healthy lifestyles.

Other components of the strategy include supporting small businesses for health promotion in the workplace, developing and distributing posters and fitness promotion materials, and providing expertise to the community.

Nutrition Section

The goal of the Nutrition Section is to help Manitobans improve and maintain their health by establishing healthy eating habits and healthy weights early in life and maintaining these throughout their lives.

Services are delivered primarily by home economists and dietitians to the public and to other professionals in both government and non-government agencies. The section implements its own programs and supports other programs in Manitoba Health, as well as Agriculture Home Economics, Child Day Care office, Economic Security, Education and the Office of Residential Care.

The section's priorities for this year were to develop nutrition messages for the public on the prevention of chronic disease, including heart disease, cancer and osteoporosis and to produce a new publication on healthy weight loss methods. Home economists, public health and other health professionals were trained in a variety of topics including healthy weights, diet and cancer. The section organized a multi-disciplinary presentation on healthy weights for the Manitoba Health Organization conference, produced a television program, and prepared feature articles on healthy weight loss methods.

Maternal and child nutrition continues to be a priority for the section. A new teaching package on prenatal nutrition was distributed and found to be helpful in reaching pregnant women in isolated Northern communities. Health professionals were trained in the new National Guidelines for Nutrition in Pregnancy. Three new publications were produced for pregnant women and teenagers.

The section consulted with Health and Welfare Canada in the development of a national nutrition labelling scheme. The section also made a presentation to the National Heart Health Network on nutrition and heart health.

Nutrition in relation to heart health and healthy weights for men will continue as a priority in 1988/89.

Services To Seniors

Services to Seniors provides organizational and community services to help older persons and seniors organizations throughout the province. Services are directed towards the development of multi-service senior centres, support services projects, and health promotion activities at the local community level.

There are presently 13 operational senior centres in Manitoba, nine in Winnipeg and one each in Brandon, Selkirk, Winkler and Portage la Prairie. A senior centre in Dauphin has begun providing information services from a store-front location and is actively fund-raising for construction. Senior centres receive operational grants from Manitoba Health.

Eighty-five community-based support services projects (63 rural, 22 Winnipeg) have been funded and are providing services. These projects are owned and operated by the community with the goal of helping seniors maintain independent lifestyles. Services include meal preparation, transportation, home maintenance, telephone reassurance, and friendly visiting.

Services to Seniors is developing a special health promotion consultation service for organizations and communities that want to initiate health promotion projects for seniors. This service raises community awareness about wellness issues and assists in the formation of community groups to address identified concerns. Several wellness programs have become operational in seniors organizations in rural areas.

Smoking Section

Smoking has been identified as the major preventable cause of disease, disability, and premature death. It is estimated that over 1,200 Manitobans die each year from smoking-related diseases, while many more suffer from a wide range of health problems associated with tobacco use.

The main objectives of the Smoking Reduction Section are to prevent children and youth from starting to smoke; to encourage and assist smokers to quit; and to establish non-smoking as a societal norm.

To reach program objectives, the section engages in public education and promotion, provides services through regional public health offices, and encourages community groups and individuals to participate in smoking reduction activities.

In 1987/88, public education featured the "Break Free" media campaign aimed at youth. Women were another target group reached this year. "Women and Smoking" was the theme of National Non-Smoking week and new educational materials in support of this theme were developed and distributed.

In September 1987, the Government of Manitoba and the Manitoba Government Employees' Association jointly implemented a policy on smoking in Manitoba government workplaces.

Innovative regional activities included a "Be Smart Don't Start" puppet show, mall displays, school presentations, and an educational program involving youth talking to youth about smoking.

The section continues to collaborate with the member agencies of the Manitoba Interagency Council on Smoking and Health to encourage community involvement in smoking reduction.

Hearing Conservation Program

The Office of Hearing Conservation is responsible for the development and implementation of the hearing program in Manitoba. This includes such services as hearing screening, diagnostic audiologic assessment, hearing aid evaluation and fitting, and auditory rehabilitation.

The objectives of this program include the prevention of hearing loss whenever possible, early detection and rehabilitation of hearing loss, and the investigation of techniques designed to achieve these goals.

Hearing centres are located in each of the ten health regions. Specific locations include Portage la Prairie and Morden (Central); Beausejour and Steinbach (Eastman); Selkirk (Interlake); The Pas (Norman); Dauphin (Parklands); Thompson (Thompson); Brandon (Westman); Concordia Hospital, Deer Lodge Centre, Seven Oaks Hospital, and Victoria Hospital (Winnipeg). Each hearing centre is staffed by a professional audiologist and, in some regions, by an audiometrist who assists the audiologist in providing services. All hearing centres are equipped with the necessary diagnostic equipment to assess hearing sensitivity and evaluate hearing aid performance. In addition, portable test equipment is available to provide assessment services at locations outside the centre.

The activities of the Office of Hearing Conservation can be grouped into three general categories: clinical, educational and administrative.

The major clinical activity of the program has been the provision of hearing screening services and diagnostic assessments for all age groups. During this fiscal year, 38,281 children were screened for potential hearing problems. approximately five per cent were found to have hearing loss which required further assessment and/or medical treatment. In addition, 14,639 persons (all ages) were seen for diagnostic audiologic evaluation with 8,305 found to have some degree of hearing impairment.

The Office of Hearing Conservation, in cooperation with the Manitoba Speech and Hearing Association and Manitoba Environment, Workplace Safety and Health, continues to coordinate and provide the necessary course work, training and supervision for the certification of industrial audiometric technicians. The Industrial Audiometric Technician (IAT) course was offered on two occasions and was attended by 40 individuals from various occupational settings. Hearing Conservation program staff continued to offer consultation regarding the implementation of the current Provincial regulation respecting noise control in the workplace.

Lectures and workshops specific to hearing, hearing impairment, hearing aids and noise control were presented upon request to physicians, nursing staff, students, teachers, other professionals and community groups.

In keeping with the objective of providing comprehensive audiologic services in all areas of the province, a hearing centre was established in Morden in Central Region. This is the second such centre in the region and will facilitate service delivery.

Manitoba Health continues to provide funding in the form of a grant to Winnipeg School Division No. 1 to obtain audiology services from the Child Guidance Clinic. These services complement those provided by the Hearing Conservation program to all other school divisions in the province.

Hearing Conservation also provides similar funding in support of a "Voice-Out" telephone exchange for the deaf. The telephone exchange, which is operated by disabled residents of Luther Home, enables persons with severe hearing impairments to communicate their needs by way of a special telecommunication device for the deaf (TDD) to the hearing community.

In cooperation with the Winnipeg League for the Hard of Hearing, funding was provided for the continuation of lip reading classes at the Kinsmen Centre in Winnipeg. These classes are held weekly and are open to any hearing-impaired adult who wishes to participate.

Special opportunity bursaries in audiology continue to be available through the Hearing Conservation Program. Upon completion of their study program, bursary recipients are available for employment with Manitoba Health.

The Westman Elks Preschool Auditory Rehabilitation Program continues to provide services for hearing-impaired preschool children in the Westman Region. The program promotes a team approach to the development of individualized rehabilitation designed to meet the unique needs of each hearing-impaired child.

Hearing Conservation continues to administer and develop the High Risk Register for Infant Deafness. The register is designed to identify newborns who may be at risk for hearing impairment and ensure that appropriate audiologic evaluation takes place. Approximately six hundred infants are identified annually for assessment and follow-up.

Office of Continuing Care

The Continuing Care Program provides an alternative to institutional care by assisting individuals to remain in their own homes. The mandate of the program also includes facilitating placement into personal care homes for those people for whom care in the community is not appropriate.

The Office of Continuing Care has province-wide responsibility for policy implementation, program direction and management - including the establishment and maintenance of program standards, staff development, monitoring and evaluation of programs and staff, and liaison with other components of the health care system.

The Program is delivered through Manitoba Health's regional offices and sub-offices and five designated rural health centres. There are also four Winnipeg Hospital Home Care offices which have responsibility for coordinating special cases. In Winnipeg, the Victorian Order of Nurses has responsibility for coordinating and delivering service to short-term cases that will be open less than 60 days.

Care at home is provided to those individuals who would either require, or be at risk of institutionalization. The Home Care Program supplements rather than replaces the efforts of family and the community by providing supports to assist family and by relieving excess stress placed on care providers.

Services provided are based on an assessment of the person's physical and social needs. A plan of care is developed which may include direct services - such as home care attendant/home support service, nursing service, and therapy - as well as indirect services such as referral to Adult Day Care and/or volunteer services. These services can help to prevent the premature placement, or overstay of persons in care facilities such as hospitals, or personal care homes. and thus prevent the over-utilization of institutional facilities.

As part of the mandate, an evaluation of the impact of the Continuing Care Program on the target population and the health care delivery system took place. The Office of Continuing Care and regional staff carried out a province-wide review of all cases where clients were receiving household maintenance as the only service and a review of all cases receiving nursing services was

undertaken. Guidelines for these services were reaffirmed and assessment guidelines clarified with case coordinators.

A review of the Manitoba Home Care Orderly Service also was completed this past year. This service had first become operational in 1984 in order to meet the needs of the physically disabled and other clients requiring assistance with personal care.

In 1987/88, a major external review of the Continuing Care Program was authorized by Treasury Board. Manitoba Health contracted with a national consulting group to undertake the review. It addressed the policy, mandate, operations and administration of the program as well as client satisfaction and future directions. This report will be tabled in 1988/89 fiscal year.

During this year, the Advisory Committee on Self Managed Care recommended that a two-year-pilot project be undertaken to demonstrate the viability of certain clients employing their own household assistance and personal care staff. This project is now in the planning stage.

Through special projects such as Fokus, the Continuing Care Program is providing home support and personal care services to disabled adults living in separate apartments which are grouped in one apartment complex. Each apartment is modified to meet specific individual needs. In October of 1987, eight severely physically handicapped individuals were able to move from institutional care to community care as part of the HIDI Project. A similar project opened in The Pas (Norman Region), in August, 1987. The group service arrangements allow persons to live in the community who might not otherwise be eligible for the program as their individual care needs could exceed the cost and/or service limits of the Home Care Program.

This past year the Office of Continuing Care staff have participated in a number of departmental, interdepartmental and agency committees. The primary focus of these committees has been the evaluation of the impact of changing patterns of need for community-based services due to demographic and technological change and the development of future plans for these services. Some examples are the interdepartment committee on High Risk Children with Complex Care Needs, the Home Ventilator Support Committee, and the Psychogeriatric Committee.

The Program supports ongoing development of professional knowledge and skills through inservice and orientation. During the past year, special orientation sessions were held for hospital home care coordinators and referral nurses. The Program supports the development of skills and knowledge for direct service staff through sponsorship of a Red River Community College training course for home care attendants and home support workers. During 1987-88, a working committee reviewed and updated the content of these courses to ensure the skills developed met client needs. Additional training such as communicable disease control was held for direct service staff to ensure safety and awareness.

In March, 1988, negotiations were completed for the first Home Care Attendant Collective Agreement. This agreement will affect approximately 2,000 direct service workers. The agreement will provide for pay increases and will introduce benefits such as pension, sick leave and dental plans. Pay equity, increased vacation pay and an additional paid holiday are also part of the agreement.

Caseloads and admissions were down from the previous year. These reductions were the result of a number of factors, including the development of community resources such as non-profit cleaning and meal programs through the Support Services to Seniors initiatives, intensive caseload reviews, and clarification of service guidelines. At the same time, persons who were admitted to the program were assessed as having higher care levels. These factors resulted in a change in the mix of services being provided to clients. The amount of Home Support Worker service declined by 5.4% while there was an increase of 34.6% in the number of units of Home Care Attendant service.

Personal Care Home Placement

For some individuals, the most appropriate alternative is admission to a personal care home. In 1987/88, 2,533 persons were assessed to see if their care needs could be met best in a personal care home. At the end of March, 1988 there were 1,185 people on the personal care home waiting list compared to 1,336 the year before. The number of persons who are waiting for entry into a personal care home is at its lowest level ever.

Dental Health

The goal of Dental Health is to achieve an improvement in the oral health of Manitobans through preventive and treatment programs. This involves four major activities: dental treatment, use of effective dental public health measures, dental health promotion and education, and research into dental public health problems. Dental Health is administered through district offices in Winnipeg (Eastern District) and in Brandon (Western District).

In 1987/88, the Children's Dental Program provided dental treatment services to 50,670 children between six and 14 years. In the areas covered by the Children's Dental Program, all children aged six to 14 are eligible, with the exception of Portage la Prairie and Thompson where children aged six to 10 years are eligible.

The only areas not included in the treatment component of the Children's Dental Program are the cities of Winnipeg and Brandon. Brandon children receive the prevention component.

Children eligible to receive treatment under the program are assigned according to their residency to one of the two modes of treatment program delivery. The Manitoba Dental Association provides for approximately half of the dental treatment on a fee-for-service basis using private practice dental offices. Manitoba Health's program provides school-based services utilizing dentists, dental nurses and dental assistants. The utilization rate of the school-based dental program continues to remain consistent at 84 per cent of eligible children in all age levels.

The utilization of the program delivered by the Manitoba Dental Association shows an average of 83 percent in the fiscal year ending March 31, 1988.

Additional statistical data on the delivery of the Children's Dental Program by the Manitoba Dental Association is contained in the Statistical Appendix.

A comprehensive preventive dental program in schools is directed to students from kindergarten to Grade 8. Students in the primary grades (Kindergarten to Grade 3) participated in the Daily Brushing Program at a greater frequency than students at the higher grade levels. Dental health education programs above the Grade eight level are provided on a request basis. Schools are encouraged to participate in the Weekly Fluoride Rinse program to include all Kindergarten to Grade 12 students.

The preventive programs are offered to all school divisions outside the City of Winnipeg. There are currently 69,989 children eligible for the preventive dental programs, classroom education, weekly fluoride rinse and daily brushing sessions offered by Dental Health.

Dental Health provides public health/preventive programs to senior citizen centres, to centres for the mentally handicapped and to child day care centres. Educational services are also provided to prenatal and postnatal classes, career days in schools, parent meetings, preschoolers, informational seminars, and teacher in-services. Staff is also actively involved in educational activities in conjunction with Dental Health Month.

During this fiscal year, Dental Health provided funding for special grants to the St. Amant Centre, the Churchill Health Centre and the Swampy Cree Tribal Council in Northern Manitoba. The Branch also continued to operate the Water Fluoridation Program in 48 communities representing 95% of the population on a public water supply. This program involves providing technical assistance to communities to maintain the correct level of fluoride in the water supply. In addition, funding is provided to communities to purchase fluoridation equipment. Birtle, Ste. Rose du Lac and St. Jean Baptiste received funding to begin fluoridating in 1987/88.

In 1987/88, Manitoba Health provided bursary funding for dental nursing students. Four special opportunity dental nursing bursary students graduated from the dental therapy programs at Wascana Institute in June of 1987.

Environmental Health Services

The Environmental Health Services program is primarily concerned with the assessment of the effects of environmental factors other than organisms, on human health. This is accomplished by facilitating the development of programs designed to monitor, control and regulate environmental factors that may affect the health of Manitobans. Response to health concerns involves gathering and disseminating information on environmental health matters, collecting and tabulating numerical and epidemiological data and subsequently determinating the health risk from substances in the atmosphere, soil, food, water and those resulting from the physical environment such as radiation, indoor air, temperature and noise.

Information pamphlets identifying health concerns associated with "Mercury in Fish" and "Cadmium in Moose" were developed in consultation with the Departments of Tourism, Environment, and Natural Resources, printed and made available to the public, more specifically to reach those persons actively engaged in sport fishing and upland game hunting.

A health advisory mailing to all ice arena operators in Manitoba was carried out to alert them to the need to control the carbon monoxide levels in the arena. In consultation with Maternal and Child Health the nitrates in water information pamphlet was updated.

Environmental Health continued to provide technical guidance related to the treatment and disposal of sewage. In addition, staff provided consultation on such matters as accidental chemical and sewage spills into rivers used as community water supplies, lead in soil and vegetables, polychlorinated biphenyl (PCB) spills, health concerns associated with radon, and the accidental discharge into the air, water or soil of other hazardous materials.

The director provided assistance and advice to Workplace Safety and Health in the capacity of the Provincial Chief Occupational Medical Officer.

The staff provided technical advice for the department through participation on committees dealing with such subjects as swimming pool regulations, drinking water quality, bathing beach and recreational water monitoring, civil technology curriculum reviews, the transportation of dangerous goods, the handling of hazardous products, and indoor air quality related to radon gas in homes.

Environmental Health Services continued to be the liaison between Manitoba Workplace Safety and Health and Manitoba Health.

Environmental Health staff were requested to evaluate and comment on numerous submissions made to the Clean Environment Commission concerning approval to dispose of waste by-products into the air, soil, and water. Technical reviews were completed, and reports were submitted which assessed the impact on public health. Staff were requested to be in attendance at many public hearings to provide evidence on environmental matters related to mining, agriculture, air pollution, municipal sewage treatment, industrial processes, incineration, solid waste disposal and hazardous products handling as they relate to public health.

Health Care to the North

The Northern Health Program provides program direction to Registered Nurses and Community Health Workers who provide health services to approximately 8,500 individuals of aboriginal descent in 24 communities in northern and difficult to access areas in Thompson, Norman, Interlake, Eastman and Parklands Regions.

The emphasis of service delivery continues to be on disease prevention and health promotion. In addition, in those communities which are geographically isolated from major medical centres, service delivery includes the provision of early diagnosis, treatment and follow-up of disease and emergency/first aid care.

With the assistance of a student, hired under the Student Temporary Employment Program of Manitoba Employment Services and Economic Security, work was begun during the summer of 1987 on the development of a series of northern health information fact sheets. The fact sheets are designed to provide culturally relevant health information to individuals of native ancestry. It is anticipated that the series will be completed in the summer of 1988.

In October 1987, 10 Community Health Workers completed a two year training program, offered in conjunction with the New Careers Branch of Manitoba Employment Services and Economic Security. As full-time employees of Manitoba Health, they are a valuable addition to the professional component of service in communities in Thompson, Norman and Parklands Regions.

The issue of transfer of control of health care services to Indian Bands is a federal initiative which will allow for greater involvement by Indian Bands in the administration and delivery of health care services to native people. In February 1988, Manitoba Health was invited by the Swampy Cree Tribal Council to participate in preliminary tripartite (federal/provincial/native community) discussions on the subject of "transfer of control". Individuals were identified to represent the provincial government at a tripartite health transfer working group. It is anticipated that this working group will hold further discussions with the Tribal Council in the 1988/89 fiscal year.

Provincial Gerontologist

In 1987, the Provincial Gerontologist provided advice, consultation and information related to policy and programs to senior departmental and governmental staff, community organizations, educators and the general public.

The Provincial Gerontologist is able to call upon liaison officers appointed by each provincial department, appropriate commissions, and crown corporations to deal with interdepartmental issues related to aging.

The Interagency Committee on Support Services to Seniors (IACSSS) chaired by the Provincial Gerontologist was formed as a result of concerns for the supported independence needs of our older population. This committee has representation from the following provincial departments: Health including the Manitoba Health Services Commission, Housing, Community Services, and Highways and Transportation as well as Health and Welfare Canada - New Horizons. IACSSS has been established as the source to provide funding to encourage related initiatives at the community level. The agent or service provider applying for project funding may be an existing board or agency, a newly established group, or a federation of existing agencies and philanthropic community groups. Flexibility in policy allows for variations in communities and promotes a sense of local ownership, a commitment to local initiatives and the use of volunteers from existing support services. The program exemplifies the partnership between government and community to provide services to our senior population.

During 1987, Community Resource Councils in 25 communities coordinated existing services and developed new services. Fifty-three meal programs provided a combination of congregate meals, heat-and-serve meals, take-out meals and escorts to meals. Five elderly persons housing projects hired tenant resource coordinators to facilitate the delivery of services within the units and to work with the tenants in establishing new services. Four communities hired volunteer coordinators to recruit, train and supervise volunteers in the delivery of a variety of services.

The Manitoba Council on Aging, composed of 15 members, reports to government through the Provincial Gerontologist. The Council ensures that public participation is reflected in the gerontologist's function and in relevant governmental programs.

The Council, at the request of the Minister, is monitoring the implementation of the 174 recommendations put forward from the Fourth Manitoba Conference on Aging (1985).

The Manitoba Senior Citizens' Handbook was revised for the fourth time and is being distributed throughout the province. Translation into French, Ukrainian and German is in process.

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Research and Planning Directorate

The Research and Planning Directorate, established in 1982, consolidates research and planning for Manitoba Health and the Manitoba Health Services Commission. The Directorate:

- Reviewed physician supply data on an ongoing basis. Discussions have been initiated with the University of Manitoba regarding the number of postgraduate medical education positions to be funded. Directorate representatives attend health human resources-related committee meetings at the interprovincial and federal-provincial levels.
- Collected patient data from all Geriatric Day Hospitals in order to evaluate the program and to provide a basis for a continuing reporting system to M.H.S.C. A description of the patient population in terms of the most common medical problems and level of physical functioning will be provided. Patient status at admission and discharge will be compared.
- Analyzed the data on the Community-Based Management of Pregnancy-Induced Hypertension Pilot Project. The final report was printed in September 1987. The pilot program provided daily Public Health Nursing care to women with the condition instead of the conventional hospital care. Home care was found to be safe and acceptable.
- Acted as investigator on two projects funded by the National Health Research and Development Program: (1) randomized study of any differences in outcome for elderly patients admitted from the emergency department to geriatric or general medicine wards. The hypothesis to be tested is that long-term health outcomes will be superior for elderly patients treated on geriatric medicine wards; and (2) survey of the appropriateness of randomly selected antibiotic prescriptions in personal care homes. It is anticipated that certain characteristics of the homes will affect how antibiotics are prescribed. Thus the findings of the study may enable improvement of service to residents.
- Completed a plan for a review of the Seven Oaks General Hospital/Community Health Psychogeriatric Program. Patient treatment and outcome will be examined in relation to the operational characteristics of the program.
- Participated on two in-hospital committees to develop a functional plan for expanded ambulatory surgical services at Victoria General Hospital, following their submission of a plan to expand their ambulatory surgical program.
- Developed terms of reference for a review of Child and Adolescent Community Mental Health Services and Children's Forensic Services. The reviews were completed and received by the Assistant Deputy Minister, Mental Health Services and the Director of Research and Planning and are to be presented to Management.
- Served as Chair and liaison member of the Steering Committee of the External Review of the Continuing Care Program that developed terms of reference for the review, call for proposals, and criteria for the selection of a consulting firm. Meetings were held with the Steering Committee and the selected consulting firm throughout the review. The review was completed in 1988.
- Participated in a national study on Rehabilitation Therapy personnel (including physiotherapists, occupational therapists, audiologists and speech pathologists) by the Federal/Provincial Advisory Committee on Health Human Resources. On the basis of information provided by the provinces/territories, it was concluded there is a shortage of rehabilitation personnel and this shortage is projected to increase. The Report makes forty recommendations relating to education, immigration, labour force participants, service delivery and data requirements.
- Represented the Department on the Working Group on Immigrant Professionals. This group was established to bring forward a report on the feasibility of assisting immigrant professionals in upgrading their education background so as to be eligible for certificates.
- Reviewed and provided priority ratings for all Manitoba submissions to Health and Welfare Canada's National Health Research Development Program.
- Served on the Board of the Manitoba Health Research Council as an Order in Council appointment.
- Served as methodological consultant and member of the Advisory Committee on the Development of Clinical Practice Standards for Dental Hygienists. The Standards will be published by Health and Welfare Canada in 1988.

- Contributed to an interdepartmental working group which examined problems and health service needs of Status Indians in Winnipeg.
- Chaired the Working Group on the Establishment of a National Physician Data Base which reports to the Federal/Provincial Advisory Committee on Health Human Resources. This group is responsible for the development of a national physician data base which would permit interprovincial comparisons of physician supply, distribution and practice patterns. At the December, 1987 Conference of Deputy Ministers of Health, funding was approved for the establishment of the National Physician Data Base.
- Provided Manitoba's representative to a Federal Committee for Recommendation of Guidelines for Early Detection of Breast Cancer. The role of screening for breast cancer in specific age groups was examined.

Mental Health Services Division

The Assistant Deputy Minister, Mental Health Services is responsible for the management, direction and coordination of the diverse functions and units within the Division.

Under this Division, the Chief Provincial Psychiatrist reports to the Assistant Deputy Minister as well as to the Deputy Minister of Health. The Brandon and Selkirk Mental Health Centres; Child and Adolescent Mental Health Services; Forensic Services; and the Mental Health Directorate all report directly to the Assistant Deputy Minister.

This Division maintains a strong liaison with the Manitoba Health Services Commission and community mental health field services in the Community Health Services Division of the Department.

Office of the Chief Provincial Psychiatrist

The Chief Provincial Psychiatrist is responsible for the administration of the Mental Health Act and provides professional consultation services to other departmental divisions regarding the delivery of mental health services.

The Chief Provincial Psychiatrist continues to maintain a staff appointment with the Department of Psychiatry, Faculty of Medicine, University of Manitoba. This ensured an important linkage between the academic community and mental health field services.

On March 1, 1988 Bill 59, An Act to Amend the Mental Health Act was proclaimed. As a result, a number of changes have occurred in the manner in which mentally ill persons can be dealt with by the medical and legal community. These changes include the establishment of criteria for involuntary admissions.

The proclamation of Bill 59 provided for the establishment of a Mental Health Review Board. This Board received applications from involuntary patients in psychiatric facilities who wished to appeal their status, treatment, care, etc. The Board is also responsible for reviewing the status of all long-stay involuntary patients as stipulated in Bill 59.

The Chief Provincial Psychiatrist continued to receive a large number of requests to place mentally disordered persons under supervision in accordance with Section 26.11 of the Mental Health Act.

Mental Health Directorate

The Mental Health Directorate has the mandate of coordinating the development of a continuum of hospital and community-based services.

During 1987, the move towards establishment of community-based programs was strengthened with the development and funding of a number of new initiatives. Funding for eight additional spaces for the Supportive Housing Program, sponsored by the Canadian Mental Health Association, was approved. The Proctor Program, initiated in 1985, for intensive one-to-one rehabilitative services to mental health clients benefited from development of new and innovative models of service delivery, and further planning for development of day programs in rural areas was undertaken.

A major new initiative was the development of a Demonstration Project for community-based crisis stabilization of chronic psychiatric clients. A study of "Difficult-to-Manage" clients undertaken during the previous year indicated that a large number of the chronically disabled are frequent users of acute care hospital beds, and there is potential for reducing use of hospital beds for this particular client group. The project is being sponsored by a private agency working closely with the Directorate.

The Directorate worked closely with the Manitoba Health Services Commission on a number of projects, including:

- Health Sciences Centre Psychiatric Project
- St. Boniface Hospital Renovation/Alternate Projects

Bill 59 was proclaimed on March 1, 1988, introducing major amendments to The Mental Health Act. Additional amendments are being developed on an ongoing basis.

The Directorate is providing major input into the study initiated by the Committee on Coordination of psychiatric bed utilization.

The Directorate is also actively involved in a needs assessment study of Winnipeg North Region.

Developmental work for the Mental Health Information System was completed during the year.

Community Mental Health Services

The goal of Community Mental Health Services is to maximize the integration in the community for all clients at their highest level of functioning. The client group can be classified into three categories: the post-mentally ill, those identified as being at risk for developing a psychiatric disturbance, and those with other mental health problems.

The community health team provides comprehensive assessment, consultation, crisis intervention, direct treatment, follow-up and community education to

individuals throughout the province. The program is also involved in the planning, development and maintenance of community residences, independent and group living programs, foster homes, respite care and day programs.

The mental health professionals are actively involved in a continuing education program to upgrade their professional skills and knowledge in meeting the varied needs and problems of clients that are served by the program.

Efforts are continuing to have psychiatric and psychological input into the mental health teams in the rural regions. This will ensure that services are available as close to the client's home as possible.

Forensic Services

Adult Forensic Services is located in the Pincock Building which is part of the Health Sciences Centre Complex. It also functions as an integral part of the Department of Psychiatry of the University of Manitoba. Consumers of the service are accused persons referred by the courts or from the correctional institutions and probation services. Treatment is provided on an in-patient and out-patient basis. Staff of Adult Forensic Services includes one full-time certified psychiatrist, one full-time general physician, a senior psychologist and a social worker.

In October 1987, Children's Forensic Unit was separated from Adult Forensic Services. At that time, responsibility for Children's Forensic Unit was transferred to Child and Adolescent Mental Health Services.

Plans are underway for the development of a forensic psychiatric unit within the proposed free standing psychiatric facility at the Health Sciences Centre Complex.

Child and Adolescent Mental Health Services

The mandate of Child and Adolescent Mental Health Services is to promote access to comprehensive and equitably distributed mental health services for psychiatrically disturbed children/adolescents and their families, as close to the community of origin as possible.

With the transfer of Children's Forensic Services from Forensic Services to Child and Adolescent Mental Health Services in July 1987, this mandate was expanded to include services to those children/adolescents at the interface of the legal system and the mental health system. Children's Forensic Services is located at the Manitoba Youth Centre and staff see referrals from the courts, Probation Services, and the Manitoba Youth Centre.

The goals of Child and Adolescent Mental Health Services are to promote the mental health of children/adolescents through the education of professionals and the public; to promote accessibility to the limited resource of child/adolescent psychiatrists through equitable coordination and deployment; and to promote and to maintain standards and quality assurance measures for client care, through program review and evaluation.

In the absence of child psychiatrists to provide services throughout rural and northern Manitoba, Community Psychiatric Services for Children was established in 1974 to train non-medical professionals for deployment to all regions of the Province. Prior to working in the field, all Community Mental Health Workers for Children/Adolescents must successfully pass an intensive six-month training program which involves written examinations for the didactic courses, and an oral exam and comprehensive evaluation of clinical skills. This standardized training facilitates quality assurance for mental health service delivery throughout Manitoba and optimal utilization of the limited resource of child/adolescent psychiatrists.

The training program, the Advanced Certificate in Community Child/Adolescent Psychiatry, includes a didactic component and a clinical practicum. Clinical treatment practicum sites include St. Boniface Hospital, Adolescent Psychiatry; the Manitoba Adolescent Treatment Centre; Children's Hospital, Child Psychiatry; Child Guidance Clinic; Child Development Centre; and rural mental health regional offices. The didactic component is divided into twenty-one self-contained modules to facilitate enrolment by mental health staff of Manitoba Adolescent Treatment Centre, Children's Hospital, and St. Boniface Hospital. Specialized courses such as "Psychiatric Principles of Intervention With Abused Children, Adolescents, and Families" accepted registration from two therapists who treat sexual abuse victims and offenders.

In 1987, Child and Adolescent Mental Health Services trained three Child and Adolescent Community Mental Health Workers for the Brandon Mental Health Centre, Adolescent Program; one Child and Adolescent Community Mental Health Worker for the Flin Flon Region; and one Child and Adolescent Community Mental Health Worker for the Manitoba Adolescent Treatment Centre.

Child and Adolescent Mental Health Services deploys psychiatrists who provide services to the Manitoba Adolescent Treatment Centre, Winnipeg Child Guidance Clinic and St. James Educational Support Services. With the Child Guidance Clinic, each psychiatrist is assigned to a multidisciplinary team responsible for services to children/adolescents and their families in a designated school catchment area. Psychiatrists provide assessment, diagnosis and treat-

ment for psychiatrically disturbed children and adolescents; consultation and professional education to the team and other professionals; and program consultation and in-service education to teachers and other professionals in the community.

Child and Adolescent Mental Health Services continues to be actively involved with the "Federal Working Group on Mental Health Issues of Children and Youth". Specifically, Manitoba is on two subcommittees, one of which is facilitating federal/provincial agreement on future directions in children's mental health, and one of which is focussing on funding issues.

Child and Adolescent Mental Health Services has continued its role with the "Child Abuse Review Implementation Committee" (C.A.R.I.C.), in assessing and clarifying the roles of the various Government departments and professionals who provide services to abuse victims and offenders.

C/A.M.H.S. initiated and chairs a committee, "Coordination of Child and Adolescent Psychiatric Services" (CoCAPS), whose mandate it is to address issues in the coordination of children's psychiatric services. The Committee, comprised of a medical and a non-medical representative from all the child psychiatric facilities and services in Winnipeg and a representative from the Canadian Mental Health Association, Winnipeg, has met twice a month for the past year. As a result, CoCAPS has completed the "Child and Adolescent Psychiatric Services Resource Inventory" for distribution to agencies, schools, etc. and the "Manitoba Index of Psychiatric/Mental Health Services for Children and Adolescents" for distribution to the public. In the fall of 1988, Canadian Mental Health Association and CoCAPS will conduct a community needs assessment to identify the community's perception of problems and gaps in mental health service delivery. Two subcommittees of CoCAPS have been struck - one which focuses on research in children's mental health, and one which focuses on training, particularly on increasing community training for child psychiatrists.

Child and Adolescent Mental Health Services, Winnipeg, and the Child and Adolescent Community Mental Health Workers in rural/northern Manitoba are actively involved in the promotion of children's mental health, through the education of professionals and the public. This includes speaking to various professional groups, the public, school classes, undergrad and graduate lectures at the University. Child and Adolescent Mental Health Services has replied to numerous requests for information on children's mental health issues from rural Child and Adolescent Community Mental Health Workers, professionals across the country, school students, etc.

Child and Adolescent Mental Health Services is a founding member of the Suicide Prevention Intervention Network (SPIN). SPIN has targeted the school system - classroom teachers and guidance counselors, as a professional group which could help to reduce the suicide rate. Eighty to ninety per cent of adolescents who attempt suicide provide some sign regarding their intent. Teachers who are trained to recognize the signs of a pending suicide attempt could intervene, provide support and refer to mental health services. SPIN is in the process of providing workshops and on-going training on the issue of adolescent suicide to teachers and other professionals. The training focuses on improving the participants' knowledge base and helping strategies at the prevention, intervention and follow-up stages.

Selkirk Mental Health Centre

Selkirk Mental Health Centre provides psychiatric inpatient and out-patient treatment to the residents of Interlake, Eastman, Thompson, Norman, Winnipeg and adjacent areas of Central Region up to Portage la Prairie. The total population of these regions is in excess of 900,000. Out-patient services consist of outpatient treatment, and consultation services to all regions as well as itinerant treatment services to Interlake and Thompson regions, plus a wider range of community mental health services, to the Selkirk District.

Selkirk Mental Health Centre has three active in-patient units. The Selkirk Psychiatric Institute (S.P.I.) has provided comprehensive acute and long term services for patients from the geographical areas of Norman, Thompson, Eastman, and Interlake, including Selkirk District.

The Reception Unit has served patients referred from the Winnipeg acute care psychiatric units who require longer term intensive treatment and rehabilitation. Forensic Services has referred patients to this unit as well as S.P.I.

The Infirmary Unit has provided services to psychogeriatric patients, long term patients and patients from other units requiring short term medical treatment.

Treatment services in all units are provided by multidisciplinary treatment teams consisting of Psychiatry, Psychology, Occupational Therapy, Psychiatric Nursing and Social Work staff as well as other support staff (Chaplaincy, Pharmacy, Clinical Records).

The plan for changes in the Centre's system of delivery of patient services was finalized in 1987/88. The Centre is reorganizing its treatment services under the following program units:

1. **Admissions/Assessment Program**
   For short term patients requiring admission, assessment and acute treatment.

2. **Behaviour Therapy Program**
   For patients requiring specific modification of behaviour.
3. **Rehabilitation/Life Skills/Domiciliary Care Program**
   For long term patients requiring social skills/life skills training as well as longer term supervised care.
4. **Intensive Psychiatric Care**
   A secure area in which intensive short term programs are provided for individuals who may be harmful to themselves or others.
5. **Psychogeriatric Program**
   For elderly patients whose physical and mental condition requires specialized assessment and care to maintain and enhance their quality of living.

The Pharmacy program expanded the individual patient prescription system to include the Infirmary Unit so that since July 1987, all in-patients at the Centre are provided medications via this system. The program to develop Patient Profiles on all patients was completed in 1987 as well. To facilitate the implementation of these programs the first full-time dispensing technician was hired.

The Senior Psychiatric Residency Program sponsored by the Department of Medicine has resulted in the appointment of one full-time psychiatrist. A second psychiatrist was also recruited.

The Call Duty system to provide after-hours medical services was modified effective November 1, 1987. This provides for "Psychiatric Services" by Selkirk Mental Health Centre medical staff, and "Medical Services" by physicians of the Selkirk Medical Clinic who are on call at the Selkirk and District General Hospital.

The School of Psychiatric Nursing continues to revise its curriculum and work towards other necessary changes to ensure compliance with Standards of Education developed by the Registered Psychiatric Nurses Association of Manitoba.

The Social Work Department continues to compile statistics using the Workload Measurement System as proposed by the Manitoba Health Services Commission. Arising out of the 1986/87 transfer of staff and services to the Winnipeg regions, negotiations have been completed for more immediate and intensive placement and follow-up of patients requiring rehabilitation services on discharge.

The proposal to construct a 100-bed Special Care Psychogeriatric Unit is being reviewed. Also, alternatives to constructing a new unit are being considered.

The Joint Policy Review Committee made up of Management and Union representatives completed a review of outstanding labour management issues. As a result, it was agreed to establish two labour management committees: one for Clinical Services and one for Support Services.

Selkirk Mental Health Centre was surveyed in 1987 by the Canadian Council on Hospital Accreditation. The Centre received full accreditation status. The Centre's ongoing quality Assurance Program was particularly helpful in preparing for the survey.

The introduction of the New Mental Health Act has resulted in a number of procedural changes in the admission and management of those requiring the mental health services of the Centre.

The Centre continued to operate its summer camp in Whiteshell Provincial Park. The camp accommodated a total of 228 persons, comprised of in-patients as well as community mental health clientele.

During 1987/88, a Preventative Maintenance Inspection Program was implemented for the Centre's medical and non-medical equipment.

A survey was undertaken to determine the community needs for the Centre's long term patients. This survey was developed in conjunction with the Mental Health Directorate's planning for increased community treatment services.

A review of the community mental health needs in Selkirk and the surrounding municipalities of St. Andrews and St. Clements has been initiated. The results of the survey will have impact on the planning for future service delivery from the Centre.

As a result of the Court's decision to strike down legislation which denied the right of institutionalized mental patients to vote in provincial elections, a concerted effort was made to prepare our patients for this 1988 landmark event.

Brandon Mental Health Centre

The Brandon Mental Health Centre provides a broad spectrum of mental health services to southwestern Manitoba, an area comprising 210,000 residents in Westman, Parklands, and western half of Central Region. These services include residential care and treatment for acute, medium, and long-stay patients, plus adult day treatment and follow-up programs. The Centre also offers community mental health services to Brandon and its surrounding municipalities through its child and adult outpatient department and adolescent day program.

The major challenge facing the Centre in 1987-88 was to plan for the move of 100 of its elderly long-stay patients to the newly-constructed Rideau Park Personal Care Home, scheduled for May 1988. There were many facets to this task, including: selecting patients

for the facility, assessing their suitability for the move, preparing them for the transition, and making all the necessary clinical, legal, and financial arrangements. Administration and personnel worked on details concerning pay, classification, and benefits for staff positions at Rideau Park, and oversaw the recruitment and selection of senior staff, as well as the process by which Brandon Mental Health Centre staff applied on a priority basis for postings in the facility. Pharmacy Department acquired a microcomputer and accompanying software to enable it to provide unit dose prescription dispensing both to Rideau park residents and patients remaining at Brandon Mental Health Centre.

The Rideau Park transition will trigger a variety of other moves and changes within the Centre, all of which have required extensive planning. For example, when the 100 patients go to Rideau Park, over 100 more patients will move internally within the Centre and three ward areas will be closed. By the end of this relocation period, all patients will have vacated the Valleyview Building, except for those in the 12-bed Psychogeriatric Assessment Unit, which itself is scheduled to move to the Assiniboine Centre in the Brandon General Hospital complex, according to a joint proposal developed by Brandon Mental Health Centre and Brandon General Hospital. By the end of 1988 then, all inpatients will reside in the Parkland Building and, with associated moves of offices and other services, the Valleyview Building, constructed in 1925, will be ready for demolition.

The planned closure of the Brandon Mental Health Centre Laundry in 1988, and the opening of the Westman Central Laundry on the Brandon General Hospital site, also required staffing adjustments and provided an opportunity for the possible move of the Industrial Therapy Program to the Laundry Building, a safer and more appropriate setting for this program. Finally, planning is in progress for a Centralized Stores area in one of the wards in the Parkland Building scheduled to be vacated in May 1988, with resulting economies and efficiencies expected.

There are some significant program achievements in 1987/88. An innovative program was undertaken to transfer six male patients, with an average length of stay of 35 years in Brandon Mental Health Centre, to a community residential setting. This multi-disciplinary project involved coordination among Social Work, Nursing, Occupational Therapy and Adjustment Services, as well as Community Mental Health, Westman, which assisted in providing access to the resources of the Proctor Program. Major features of the project included simulating a home environment on the long-stay ward, providing intensive life skills training and community exposure to the residents prior to the move, having the prospective care provider work with the patients before they left the ward setting, and arranging for ward staff to continue to provide assistance to the patients once they had relocated to the home in the community. This highly successful program resulted in the discharge of these six gentlemen in January 1988.

Psychiatric nurses from Brandon Mental Health Centre began to use the audio-visual link to meet with their counterparts from Health Sciences Centre in Winnipeg, for professional development. The office of the Provincial Child and Adolescent Psychiatrist arranged for psychiatric teleconsultation to nurses at Brandon Mental Health Centre who trained as Community Mental Health Workers for Children and Adolescents. Three more psychiatric nurses from the Centre completed the six month training course for Child and Adolescent Community Mental Health Workers in Winnipeg, bringing to six the total number of staff who have this training. A research paper, based on an evaluation of psychiatric teleconsultation via the Audio-Visual Link, was accepted for presentation at the American Psychiatric Association Annual Convention in May 1988.

Innovative programming was introduced in the Industrial Therapy area. The hospital canteen was renovated and reopened as a work training site for patients in the Industrial Therapy Program. During the summer of 1987, a mobile work project was introduced for day patients in the outpatient department. This involved taking patients to where the work is in the community (eg. yard maintenance, lot cleaning), rather than relying on factory-type work coming in to the Centre. The Recreation Department is planning for a patient-run internal newsletter for 1988, also creating more opportunities for patients to participate actively in their "community".

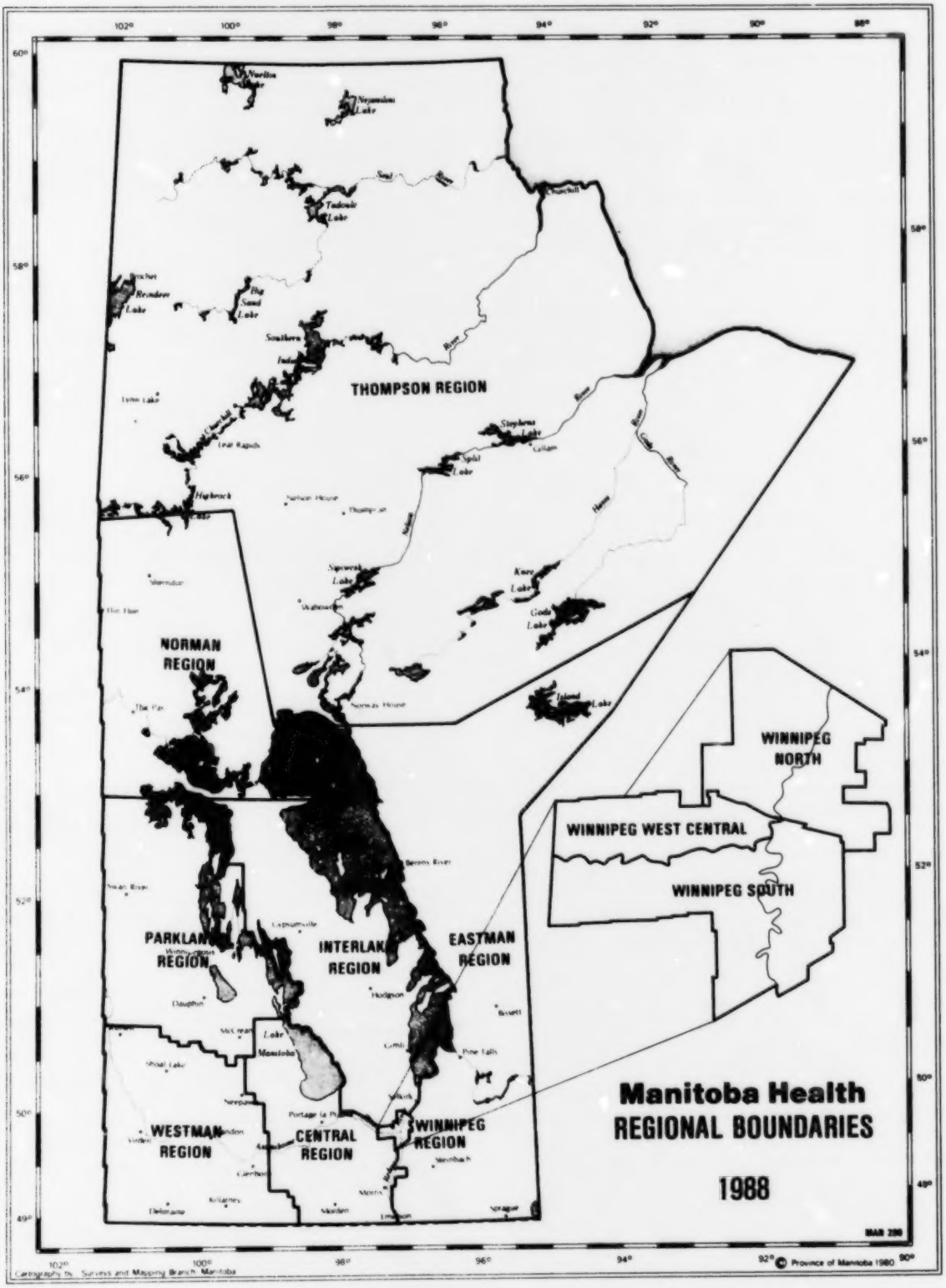
In cooperation with Community Mental Health, an initiative was launched to select 20 Brandon Mental Health Centre staff for an Accelerated Community Mental Health Training Program. It is hoped that these staff will be better prepared to apply for new rural postings in community mental health when these opportunities become available in the future. Another 72 staff attended practical workshops on Non-Violent Crisis Intervention given by a senior nurse who was sponsored by the Centre for training as an instructor.

Significant progress was achieved in implementing a hospital-wide Quality Assurance Program this past year through the efforts of a full time Quality Assurance Coordinator, preparing the Centre for an Accreditation Survey expected in the latter part of 1988.

The proclamation of Bill 59 and its changes to the Mental Health Act in March 1988, challenged medical staff to respond quickly to the new provisions of the Act. Implementation of Freedom of Information legislation later this year will also place great demands on the Centre's staff and resources to comply with its provisions.

While the inpatient population and average length of stay continued to decline at Brandon Mental Health Centre, the number of inpatient admissions and discharges radically increased this past year, as did the number of outpatient cases and contacts. The high volume increases in these labour-intensive areas have strained staff, at a time when the Centre experienced vacancies in key program positions: Director of Psychology, Director of Social Work, Director of Nursing, as well as Psychiatry. The Centre continues to operate with only .6 Canadian qualified psychiatrists, with that individual commuting from Winnipeg and performing mostly administrative responsibilities as Medical Director.

In other personnel-related areas, programs such as pay equity, affirmative action, and a compressed work week for selected staff were implemented in 1987/88.


THOMPSON REGION
NORMAN REGION
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INTERLAKE REGION
EASTMAN REGION
WESTMAN REGION
CENTRAL REGION
WINNIPEG REGION
WINNIPEG NORTH
WINNIPEG WEST CENTRAL
WINNIPEG SOUTH
Manitoba Health
REGIONAL BOUNDARIES
1988
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Table 1

Population of Manitoba by Health Region, by Age Group and Sex — June 1, 1987

HEALTH REGION	SEX	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	TOTAL
CENTRAL	M	4,351	4,277	4,010	4,106	3,953	3,944	3,768	3,089	2,581	2,180	1,985	1,945	1,960	1,854	3,913	47,916
	F	4,143	4,013	3,816	3,917	3,631	3,799	3,519	2,850	2,555	2,129	1,694	2,083	2,154	2,061	4,995	47,559
	T	8,494	8,290	7,826	8,023	7,584	7,743	7,287	5,939	5,136	4,309	3,879	4,028	4,114	3,915	8,908	95,475
EASTMAN	M	4,443	4,408	4,299	4,145	3,851	3,799	3,579	3,261	2,750	2,179	1,846	1,805	1,642	1,429	2,710	46,146
	F	4,187	4,176	4,083	3,891	3,436	3,622	3,588	3,086	2,467	2,045	1,735	1,630	1,567	1,422	2,960	43,895
	T	8,630	8,584	8,382	8,036	7,287	7,421	7,167	6,347	5,217	4,224	3,581	3,435	3,209	2,851	5,670	90,041
INTERLAKE	M	3,008	2,835	3,202	3,276	2,999	2,871	2,957	2,742	2,415	1,912	1,739	1,714	1,555	1,507	2,779	37,511
	F	2,746	2,772	2,953	3,017	2,761	2,783	2,900	2,614	2,225	1,817	1,672	1,613	1,603	1,542	3,101	36,119
	T	5,754	5,607	6,155	6,293	5,760	5,654	5,857	5,356	4,640	3,729	3,411	3,327	3,158	3,049	5,880	73,630
NORMAN	M	1,157	1,158	1,255	1,150	1,116	1,300	1,101	1,037	738	581	508	479	414	308	566	12,868
	F	1,191	1,115	1,184	1,152	1,085	1,174	992	913	631	552	436	435	363	325	676	12,224
	T	2,348	2,273	2,439	2,302	2,201	2,474	2,093	1,950	1,369	1,133	944	914	777	633	1,242	25,092
PARKLAND	M	1,855	1,981	2,018	2,179	1,803	1,693	1,699	1,561	1,417	1,188	1,161	1,231	1,331	1,272	2,747	25,136
	F	1,709	1,844	1,977	1,911	1,632	1,564	1,628	1,424	1,356	1,075	1,094	1,280	1,302	1,293	3,192	24,281
	T	3,564	3,825	3,995	4,090	3,435	3,257	3,327	2,985	2,773	2,263	2,255	2,511	2,633	2,565	5,939	49,417
THOMPSON	M	2,605	2,431	2,407	2,331	2,045	2,037	1,698	1,561	1,215	949	719	512	337	217	340	21,404
	F	2,533	2,218	2,213	2,238	2,048	1,988	1,689	1,375	1,044	783	565	383	264	212	333	19,886
	T	5,138	4,649	4,620	4,569	4,093	4,025	3,387	2,936	2,259	1,732	1,284	895	601	429	673	41,290
WESTMAN	M	4,529	4,543	4,611	4,570	4,804	5,007	4,631	4,086	3,265	2,773	2,621	2,932	2,930	2,638	5,991	59,931
	F	4,373	4,272	4,272	4,429	4,613	4,695	4,542	3,893	3,265	2,803	2,689	2,943	3,092	3,168	7,861	60,910
	T	8,902	8,815	8,883	8,999	9,417	9,702	9,173	7,979	6,530	5,576	5,310	5,875	6,022	5,806	13,852	120,841
WINNIPEG	M	21,980	20,596	20,754	22,581	28,445	31,337	28,096	24,309	19,864	15,147	14,039	13,636	12,940	10,824	19,488	304,036
	F	20,752	19,524	19,712	22,172	29,582	30,768	27,973	24,997	19,862	15,451	14,231	14,770	15,552	13,865	32,095	321,306
	T	42,732	40,120	40,466	44,753	58,027	62,105	56,069	49,306	39,726	30,598	28,270	28,406	28,492	24,689	51,583	625,342
MANITOBA	M	43,928	42,229	42,556	44,338	49,016	51,968	47,529	41,646	34,245	26,909	24,618	24,254	23,109	20,049	38,534	554,948
	F	41,634	39,934	40,210	42,727	48,788	50,393	46,831	41,152	33,405	26,655	24,316	25,137	25,897	23,888	55,213	566,180
	T	85,562	82,163	82,766	87,065	97,804	102,381	94,360	82,798	67,650	53,564	48,934	49,391	49,006	43,937	93,747	1,121,128
INDIAN BANDS	M	4,208	3,541	3,209	3,186	2,882	2,299	1,656	1,324	1,061	828	675	536	437	331	576	26,749
	F	3,974	3,268	3,100	3,243	2,962	2,435	1,726	1,226	999	752	616	478	368	301	603	26,051
	T	8,182	6,809	6,309	6,429	5,844	4,734	3,382	2,550	2,060	1,580	1,291	1,014	805	632	1,179	52,800

Table 1

Medical Supplies and Home Care Equipment Program: Caseload Movement by Program —

1987/88

	Continuing Care Supplies[1]	Home Care Equipment[2]	Ostomy Supplies[3]	Respiratory Support Equipment[4]	Wheelchairs		Total
					Electric	Standard	
Beginning of Year[5]	2,844	15,406	1,587	197	251	4,590	24,875
Cases Opened	3,474	6,857	370	139	65	1,653	12,558
Total Cases	6,318	22,263	1,957	336	316	6,243	37,433
Cases Closed	3,896	6,776	306	139	26	1,395	12,538
End of Year	2,422	15,487	1,651	197	290	4,848	24,895

[1]Denote clients who are in receipt of Home Care Services and disposable medical supplies on an ongoing basis.

[2]Denote clients who have been provided with one or more pieces of Home Care Equipment to facilitate care in their own homes.

[3]Denote clients who have lost the normal function of their bowel or bladder and are receiving stoma care products on an ongoing basis.

[4]Denote clients who are utilizing the life-support oxygen concentrators on an ongoing basis.

[5]Revised.

Table 2

Medical Supplies and Home Care Equipment Program: Patient and Other Services by Program and Type —

1987/88

Patient Services	Technician			Mail/Transfer/Patient		Other	Total
	Deliveries	Returns	Maintenance	Deliveries	Returns		
Continuing Care Supplies	776	47	6	18,871	1,104	—	20,804
Home Care Equipment	9,349	10,377	534	8,959	5,994	—	35,213
Ostomy Supplies	748	—	—	9,754	301	1,850	12,653
Respiratory Support Systems	488	453	1,067	22	—	—	2,030
Total	11,361	10,877	1,607	37,606	7,399	1,850	70,700
Services to other Programs:							
Reproductive Health	2	—	—	329	6	—	337
Public Health	9	—	—	894	43	—	946
Total	11	—	—	1,223	49	—	1,283
Total Services	11,372	10,877	1,607	38,829	7,448	1,850	71,983

NOTE: For definitions see Table 1 of Part 2, Section 1.

Table 1

Public Health Nursing: Reported Caseload Movement by Category — 1987/88

	Category						
	Maternal	Child Care	School	Adult	Elderly	Communicable Diseases	Total
Beginning of Year	276	4,725[1]	250	708	543	116	6,368[1]
Cases Opened	377	4,362	191	487	239	247	5,903
Total Cases	653	9,087	441	1,195	782	363	12,271
Cases Closed	384	4,183	209	522	291	269	5,858
End of Year	269	4,904	232	673	491	94	6,413

[1] *Revised.*

Table 1

Communicable Diseases[1]: Reported Cases in Manitoba —

1986 and 1987

Disease	Number of Cases	
	1986	1987
Intestinal Infectious Diseases:		
Typhoid fever (002.2)	1	—
Paratyphoid fever (002.9)	1	3
Salmonellosis (003)	210	210
Shigellosis (004)	111	33
Food Poisoning (Bacterial)		
Staphylococcal (005.0)	5	1
Unspecified (005.9)	—	3
Tuberculosis:		
Primary (010)	11	11
Respiratory (011-012)	93	78
Non-Respiratory (013-018)	32	36
Sexually Transmitted Diseases:		
Gonococcal infections (098)	3,029	2,891
Syphilis (primary and secondary) (091)	24	5
Syphilis (other) (092-097)	68	25
Chancroid (099.0)	—	16
Diseases of Central Nervous System:		
Meningitis		
Bacterial		
Haemophilus (320.0)	33	24
Pneumococcal (320.1)	5	12
Other	5	4
Viral		
Aseptic Meningitis due to		
Coxackie (47.0)	2	2
ECHO virus (47.1)	4	2
Other viral (47.9)	52	30
Encephalitis		
Western equine encephalitis (062.1)	1	—
Encephalitis unspecified (062.9)	1	—
Other Bacterial Diseases:		
Diphtheria cases (032)	1	1
Diphtheria carriers (V02.4)	15	3
Meningococcal infections (036)	15	14
Whooping Cough (033)	70	28
Other Viral Diseases:		
Hepatitis A (070.0)	207	158
Hepatitis B (070.2)	60	68
Hepatitis non A-non B (070.5)	4	1
Measles (055)	3,317	30
Rubella (056)	37	7
Mumps (072)	20	18
Other Diseases:		
Amoebiasis (006)	13	34
Leprosy (30)	1	4
Malaria (084)	22	22
Psittacosis (073)	1	1
Legionella (482.8)	22	10
Blastomycosis (116.0)	1	—
Total	7,494	3,785

[1]*For HIV and AIDS, see Section 2, Table 4.*

Figure 1

Reported Salmonellosis Cases (003) Winnipeg and Rural Area —

1976 to 1987/88

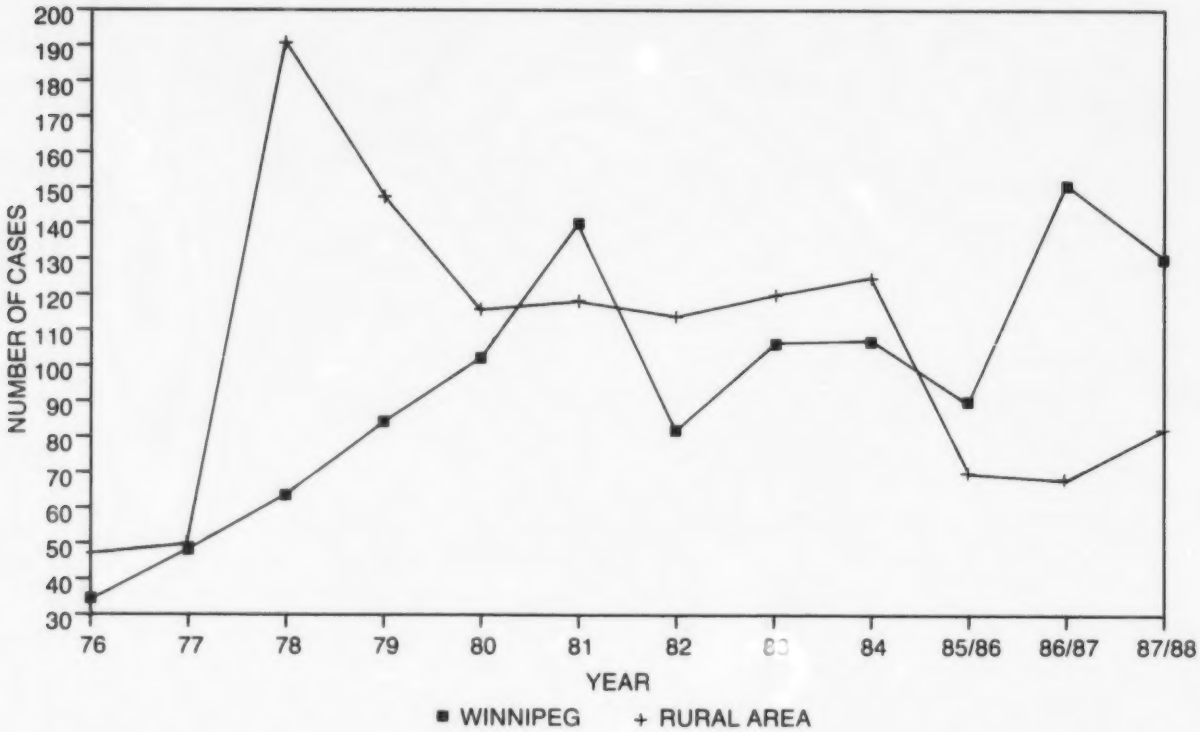

Figure 2

Reported Hepatitis A Cases (070.0) Winnipeg and Rural Area —

1976 to 1987/88

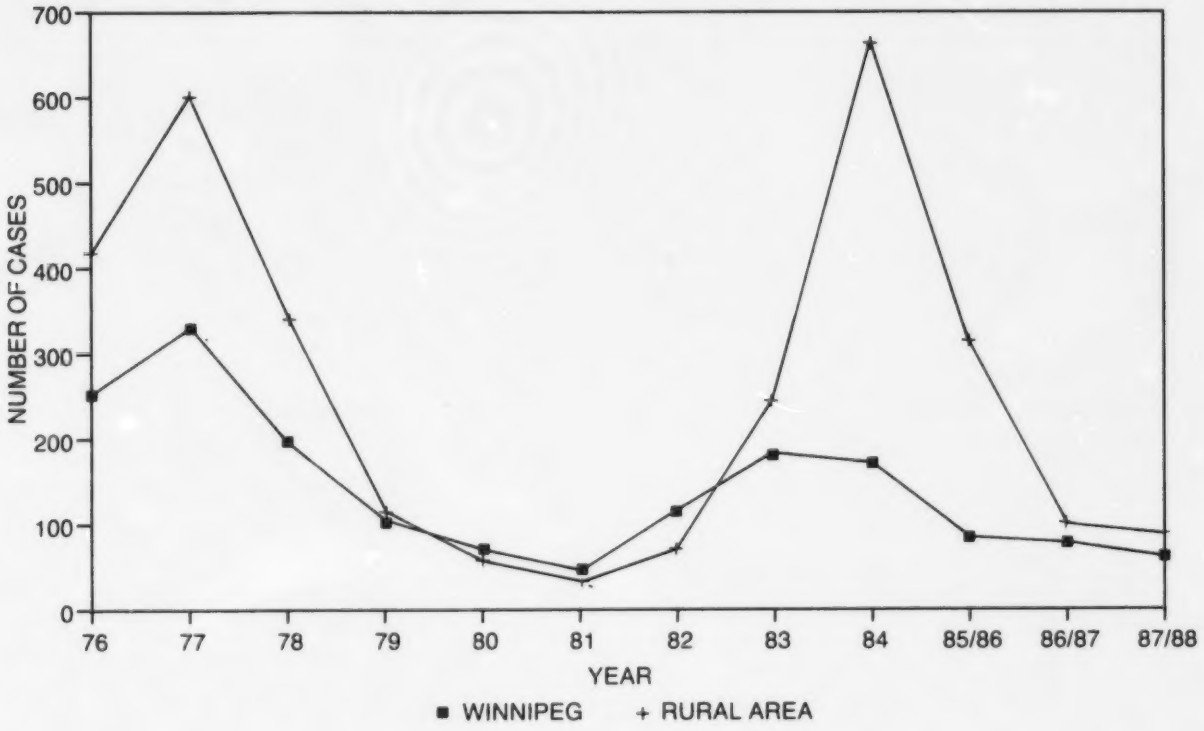

Figure 3

Reported Gonococcal Infections (098)

RATE PER 10,000 POPULATION — 1976 to 1987/88

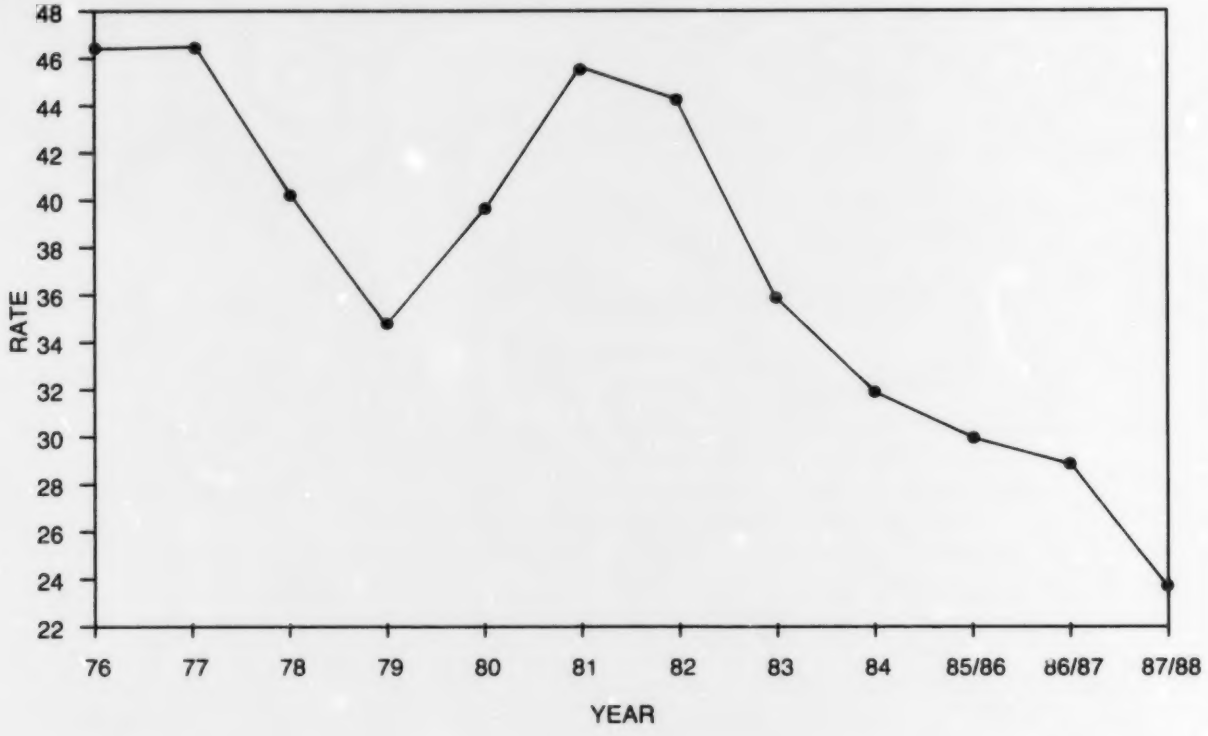

Table 2

Reported Infectious Syphilis and Gonorrhea (Laboratory Confirmed) in Manitoba —

1978 to 1987

Year	Infectious Syphilis[1]		Gonorrhea	
	Number	Rate per 100,000 Manitobans	Number	Rate per 100,000 Manitobans
1978	42	3.8	4,214	385
1979	12	1.1	3,621	330
1980	9	0.9[2]	4,084	397[2]
1981	19	1.8	4,671	433
1982	11	1.0	4,608	424
1983	23	2.1	3,761	345
1984	58	5.3	3,350	305
1985	49	4.4	3,186	287
1986	24	2.2	3,029	272
1987	5	0.4	2,891	258

[1] *Infectious Syphilis with reported primary and secondary lesions.*

[2] *M.H.S.C. population estimates for 1980 are not available. Statistics Canada population estimates have been used for 1980 rates.*

Table 3

Reported Cases of Syphilis and Gonorrhea by Age Group and Sex —

1987

Age Group	Syphilis				Gonorrhea			
	Male	Female	Total	% of Total	Male	Female	Total	% of Total
0-19	2	2	4	13.3	236	469	705	24.4
20-24	4	2	6	20.0	555	455	1,010	34.9
25-29	5	1	6	20.0	353	232	585	20.2
30-39	2	1	3	10.0	310	117	427	14.8
40-49	2	3	5	16.7	89	28	117	4.0
50-59	—	3	3	10.0	26	5	31	1.1
60 +	1	2	3	10.0	16	—	16	0.6
Unknown	—	—	—	—	—	—	—	—
Total	16	14	30	100.0	1,585	1,306	2,891	100.0

Table 4

Reported HIV and AIDS Cases and Deaths Due to AIDS —

1985 to 1987

	1985	1986	1987
HIV Positive[1 2]	3	70	54
AIDS[2]	1	15	9
Deaths	1	4	7

[1]*Human Immunodeficiency Virus.*

[2]*Diagnosed for the first time.*

Table 5

Active Tuberculosis Cases by Type —

1987

Type of Disease	White	Treaty Indian	Other	Total
New Active Cases				
Primary	4	6	1	11
Pulmonary	26	21	21	68
Other Respiratory	1	1	1	3
Non-Respiratory	11	6	14	31
Total	42	34	37	113
Re-Activated Cases				
Pulmonary	—	6	1	7
Other Respiratory	—	—	—	—
Non-Respiratory	1	4	—	5
Total	1	10	1	12
Grand Total (1987)	43	44	38	125
Grand Total (1986)	48	40	48	136

Table 6

Drug Dispensing Program: Number of patients Active —

April 1985 to 1988

	Number of Patients on Active List			
Purpose of Drug	**1985**	**1986**	**1987**	**1988**
Life Saving (General)	892	800	717	550
Diabetic	441	495	495	414
Cystic Fibrosis	90	94	86	79
Growth Hormone	9	—	—	—
Total	1,432	1,389	1,298	1,043

Table 7

Food Protection Program: Activities —

1985/86 to 1987/88

Activities	1985/86	1986/87	1987/88
Food Industry Seminars			
Number of Seminars Conducted	17	10	11
Number of Persons Attending	821	472	624
Regulatory Agency Seminars			
Number of Seminars Conducted	2	—	6
Number of Persons Attending	30	—	142
Food Samples			
Complaint Samples Processed	149	106	100
Samples Tested for Pesticides	50	—	—
Food Condemned			
Canned Food (L.)	—	4	—
Poultry (kg.)	1,977	—	247
Eggs (items)	25,615	—	—
Cheese (kg.)	131	—	—
Prepared Foods (items)	8	—	44
Liquor (L.)	—	51	—
Dry Goods (kg.)	—	510	—
Vegetables (kg.)	—	72	63
Canned Goods (L.)	—	4	8
Dairy Products (kg.)	—	3	279
Meat/Fish (kg.)	—	18	684
Miscellaneous (kg.)	—	39	4,770
Miscellaneous (L.)	—	37	260
Uninspected Meat Plant Permits Issued	80	88	87
Inspected Slaughter Houses Operating	31	31	31

Table 1

Office of Hearing Conservation: Screenings, Referrals, and Assessments by Region — 1987/88

Region	Pre-School Children (0-4 Years)			School Children (3) (5-17 Years)			Adults (18-64 Years)		Adults (65 + Years)	
	Total Number Screened	Audiologic Assessment	Confirmed Hearing Loss	Total Number Screened	Audiologic Assessment	Confirmed Hearing Loss	Audiologic Assessment	Confirmed Hearing Loss	Audiologic Assessment	Confirmed Hearing Loss
Central	—	405	74	3,421	532	259	343	272	393	365
Eastman	—	157	42	5,224	477	242	160	128	211	209
Interlake	—	101	29	2,933	337	113	210	175	186	175
Norman[1]	—	126	35	2,624	197	112	209	148	63	56
Parkland	—	113	29	1,902	294	100	262	143	158	146
Thompson	444	127	30	2,820	552	203	401	311	48	44
Westman	860	809	390	4,448	2,084	735	560	468	481	471
Winnipeg[2]	—	661	212	14,909	2,048	1,023	942	687	992	879
Total	1,304	2,499	841	38,281	6,521	2,787	3,087	2,332	2,532	2,345

[1]*Staff vacancy: 1st quarter.*

[2]*Includes data only from Concordia, Deer Lodge, Seven Oaks, and Victoria Hospitals of Winnipeg Region. Staff vacancy: 2nd quarter for Deer Lodge*

[3]*Kindergarten, Grade 1, and special referrals.*

Table 1

Monthly Maximum Number of Persons Receiving Co-ordinated Home Care Services by Region —

1987/88

Region	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March
Central	814	820	805	782	816	797	796	768	758	783	772	794
Eastman	1,002	1,007	1,014	1,017	1,031	1,005	983	989	992	984	968	960
Interlake	1,134	1,168	1,168	1,199	1,211	1,215	1,201	1,228	1,166	1,163	1,163	1,156
Norman	357	355	353	355	360	357	362	370	359	359	351	356
Parkland	803	786	809	832	846	865	855	848	850	826	829	821
Thompson	88	82	76	76	77	76	77	85	80	78	86	81
Westman	1,273	1,253	1,252	1,241	1,218	1,234	1,235	1,186	1,153	1,130	1,117	1,061
Winnipeg	9,061	9,170	9,209	9,297	9,108	9,058	9,298	9,180	9,149	9,036	8,976	8,963
Total	14,532	14,641	14,686	14,799	14,667	14,607	14,807	14,654	14,507	14,359	14,262	14,192

Table 2

Home Care Program: Caseload Movement by Age Group —

1987/88

	0-18	19-64	65 +	Total
Beginning of Year	250	2,539	10,819	13,608
Admissions	262	2,661	8,088	11,101
Total Cases	512	5,200	18,907	24,619
Discharges	272	2,790	8,485	11,547
End of Year[1]	239	2,350	10,494	13,083

[1]*Due to the delay in reporting of transfers across regions, the year end figure does not match the beginning of year figure plus admissions minus discharges. The age group discrepancy is caused by the reporting of transfers-in at actual age rather than age at-point-of-admission-to-the-program.*

Table 3

Home Care Program: Average Monthly Number of Persons Receiving Selected Services[1] by Category —

1985/86 to 1987/88

Services[2]	Average Monthly Number of Persons		
	1985/86	1986/87	1987/88
Home Support Service[3]	7,610	7,822	7,768
Home Care Attendance[3]	2,231	3,455	3,744
Overnight and Daily Work[3]	95	185	192
Registered Nursing	4,357	4,894	4,714
Licensed Practical Nursing	1,538	1,569	1,390
Therapy[4]	324	427	464

[1] *In addition, Home Care Services include health supervision, health education, health counselling, and volunteer services such as shopping and friendly visiting.*

[2] *An individual can receive more than one category of service.*

[3] *In 1985/86 the direct service categories of Homemakers and Home Care Attendants were reclassified into Home Support Service, Home Care Attendance, and Overnight and Daily Work.*

[4] *Therapy is provided by Community Therapy Services of Manitoba and includes physiotherapy and occupational therapy.*

Table 4

Number of Persons on the Waiting List for Personal Care Homes —

At End of March 1985 to 1988

	1985	1986	1987	1988
Rural Area	765	594	572	526
Winnipeg	925	916	764	659
Total	1,690	1,510	1,336	1,185

Table 5

Percentage of Persons on Waiting List Receiving Home Care Pending Placement —

At End of 1985/86, 1986/87, and 1987/88

	1985/86	1986/87	1987/88
Rural Area	35.5	47.0	46.4
Winnipeg	38.3	29.4	36.9
Total	37.2	37.0	41.2

Table 1

Dental Services: Number of Children Eligible and Treated, and Percent Utilization by Year of Birth (1973 to 1981) —

July 1987 to June 1988

Year of Birth	Manitoba Children's School Based Dental Program[1]		
	Eligible	Treated	% Utilization
1973	1,874	1,515	80,8
1974	2,578	2,100	81.4
1975	2,549	2,154	84.5
1976	2,564	2,150	83.8
1977	2,546	2,164	85.0
1978	2,553	2,151	84.2
1979	2,658	2,280	85.7
1980	2,672	2,279	85.2
1981	2,535	2,127	83.9
Total	22,529	18,920	84.0

[1]*Does not cover children serviced by Manitoba Dental Association.*

Table 2

Dental Services: Number of Children (Birth 1973 to 1981) Eligible and Treated, and Percent Utilization by District —

July 1987 to June 1988

District	Manitoba Children's School Based Dental Program[1]		
	Eligible	Treated	% Utilization
Eastern	10,511	8,643	82.2
Western	12,018	10,277	85.5
Total	22,529	18,920	84.0

[1]*Does not cover children serviced by Manitoba Dental Association.*

Table 3

Dental Services: Number of Services Provided by Manitoba Children's School Based Dental Program by Year of Birth (1973 to 1981) — 1987/88

Year of Birth	1981	1980	1979	1978	1977	1976	1975	1974	1973	Total
Complete Patients	**1,009**	**1,905**	**1,891**	**1,800**	**1,815**	**1,909**	**1,956**	**1,886**	**1,694**	**15,865**
Incomplete Patients	**54**	**33**	**21**	**25**	**20**	**22**	**32**	**38**	**28**	**273**
Services and Codes										
Examinations (01200, 01400, 01401, 01402, 11111)	1,053	2,032	1,967	1,884	1,888	1,968	2,042	1,947	1,753	16,534
Radiographs										
Periapicals (02111-02116)	83	155	129	124	88	63	83	86	81	892
Bitewings (02141-02144)	956	1,248	1,239	1,014	1,013	953	967	969	1,299	9,658
Prevention										
Prophylaxis (11200)	903	952	514	522	555	651	669	690	831	6,287
Topical Fluoride (12200)	904	983	521	489	499	484	512	496	690	5,578
Nut. Counselling and OHI (13200)	818	985	747	689	734	735	773	741	704	6,926
Specific Oral Hygiene Inst. (13210)	76	79	79	79	76	106	107	121	197	920
Space Maintainers (15100-15210)	—	—	—	—	—	—	—	—	—	—
Other Ortho. Services (15500)	—	—	2	1	—	1	3	—	—	7
Restorations										
Amalgams (21101-21125)	1,818	2,632	1,499	1,119	916	702	816	836	1,032	11,370
Retentive Pins (21301-21303)	—	—	—	1	—	—	3	3	—	7
Composite (23111-23223)	80	287	393	399	434	436	493	563	669	3,754
Crowns (21401-21421)	435	397	123	104	59	30	15	3	5	1,171
Other Rest. Services (29100-29800)	—	—	—	—	—	—	—	—	—	—
Pulp Therapy										
Pulpotomy (32201-32212, 39901-39909)	331	292	61	44	32	16	4	1	2	783
Others (33100-35511, 33910-39985)	—	—	—	—	—	1	—	—	1	2
Prosthodontics (52120-52221)	—	—	—	—	—	—	—	—	—	—
Surgical Procedures										
Extractions (71101-72320)	200	360	248	294	288	308	239	153	75	2,165
Other Surgical Procedures (72410-79400)	—	—	—	—	—	—	—	—	—	—
Adjunctive Services (94200, 94400)	—	—	—	—	—	—	—	—	—	—
Misc. Procedures	579	964	694	550	378	335	268	183	182	4,133
Total	8,236	11,366	8,216	7,313	6,960	6,789	6,994	6,792	7,521	70,187

Table 4

Dental Services: Preventive Dental Public Health Services Provided as Part of the Manitoba Children's Dental Program —

July, 1986 to June, 1987

Program	Number of Schools					Number of Children	
			Non-Participating				
	Approached	Partici-pating	By Choice	Fluoridated Water Supply	Unable to Compete	Eligible	Partici-pating
Daily Brushing (Classroom)	412	174	238	N/A	N/A	30,822	7,421
Dental Health Education	464	441	23	N/A	11	66,860	61,728
Weekly Fluoride Rinse	438	407	23	8	N/A	60,027	48,385

Table 5

Dental Services: Number of Services Provided by Manitoba Dental Association Program by Year of Birth (1972 to 1980) —

1987/88

Year of Birth	1980	1979	1978	1977	1976	1975	1974	1973	1972	Total
Complete Patients	1,568	1,978	2,074	2,177	2,103	1,924	1,942	1,821	1,583	17,170
Incomplete Patients	434	477	473	443	428	357	315	333	249	3,509
Services and Codes										
Examinations (01200, 01400, 01401, 01402, 11111)	1,916	2,261	2,406	2,493	2,465	2,218	2,199	2,142	1,715	19,815
Radiographs										
Single Film (02111)	55	142	173	163	159	105	83	100	55	1,035
Two Films (02112)	1,240	1,096	1,384	1,397	1,379	1,327	1,203	1,250	1,115	11,391
Three Films (02113)	22	43	46	39	44	23	33	29	28	307
Four Films (02114)	19	7	8	19	17	9	16	8	7	110
Five Films (02115)	—	2	1	—	—	—	—	—	1	4
Six Films (02116)	1	2	—	—	1	2	—	1	1	8
Prevention										
Prophylaxis (11200)	—	—	—	—	—	—	—	—		—
Topical Fluoride (12200)	—	—	—	—	—	—	—	—		—
Nut. Counselling and OHI (13200)	—	—	—	—	—	—	—	—		—
Other Prev. Services										
Space Maintainers (15100-15210)	148	308	223	138	79	28	15	15	10	964
Other Ortho. Services (15500)	5	145	215	188	149	88	33	23	8	854
Restorations										
Amalgams (21101-21125)	2,425	2,255	2,016	1,952	1,462	1,068	1,250	1,431	1,576	15,435
Retentive Pins (21301-21303)	1	—	7	8	8	10	10	14	12	70
Composite (23111-23223)	136	252	283	241	302	339	407	396	383	2,739
Crowns (21401-21421)	353	225	168	123	50	21	18	5	10	973
Other Rest. Services (29100-29800)	—	—	1	1	3	2	4	—	2	13
Pulp Therapy										
Pulpotomy (32201-32212, 39901-39909)	307	211	157	105	39	14	10	3	3	849
Others (33100-35511, 33910-39985)	1	1	11	14	25	16	29	35	30	162
Prosthodontics (52120-52221)	—	—	—	2	3	1	—	6	5	17
Surgical Procedures										
Extractions (71101-72320)	328	575	616	674	746	776	634	503	279	5,131
Other Surgical Procedures (72410-79400)	—	1	—	2	—	—	—	—	—	3
Adjunctive Services (94200, 94400)	2	4	4	3	7	4	4	2	1	31
Misc. Procedures	98	108	134	118	65	39	38	41	37	678
Total	7,057	7,638	7,853	7,680	7,003	6,090	5,986	6,004	5,278	60,589

Table 1

Provincial Gerontologist: Support Services to Seniors Program Number of Projects by Region —

1984/85 to 1987/88

Year	Central	Eastman[2]	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg[2]			Total
								North	South	W. Central	
1984/85[1]	—	2	3	—	—	—	—	—	2	4	11
1985/86	4	4	3	—	2	—	4	1	4	5	27[3]
1986/87	2	—	5	—	4	—	5	—	3	1	20
1987/88	8	2	4	—	3	—	9	1	1	1	29
Total	14	8	15	—	9	—	18	2	10	11	87

[1] *Funding started in January, 1985.*
[2] *Revised*
[3] *Does not include three projects which were funded in 1985/86 but ceased to function during the year.*

Table 2

Provincial Gerontologist: Support Services to Seniors Program Number of Projects by Type and Region —

1984/85 to 1987/88

Project	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg[2]			Total
								North	South	W. Central	
Community Resource Councils	5	3	3	—	2	—	11	1	—	—	25
Tenant Resource Coordinators	1	—	—	—	—	—	1	—	1	2	5
Volunteer Coordinators	1	—	—	—	—	—	1	—	1	1	4
Meals Programs	7	5	12	—	7	—	5	1	8	8	53
Total	14	8	15	—	9	—	18	2	10	11	87

Table 1

Mental Health Centres: Admissions and Separations —

1985/86 to 1987/88

Centre	Admissions			Separations[1]			In-Patient at Year End			Total Under Treatment[2]		
	85/86	86/87	87/88	85/86	86/87	87/88	85/86	86/87	87/88	85/86	86/87	87/88
Brandon	379	486	523	433	510	537	415	392	384	860	912	925
Selkirk	189	243	243	223	259	262	321	302	292	550	570	554
Total	568	729	766	656	769	799	736	694	676	1,410	1,482	1,479

[1] *Exclude probations.*

[2] *Population on register (resident population plus population on probation) at the beginning of the year plus admissions.*

Table 2

Mental Health Centres: Average Daily Patient Population —

1983 to 1987/88

Centre	1983	1984	1985/86	1986/87	1987/88
Brandon	506.0	458.1	436.8	406.0	387.1
Selkirk	360.7	345.4	323.7	308.5	295.3

Table 3
Mental Health Centres: Average Length of Stay for Discharges —
1983 to 1987/88

Centre			Average Length of Stay				
			1983	1984	1985/86	1986/87	1987/88
Brandon	Patient in Centre 1 Year or More	Years	11.4	15.2	13.3	11.6	20.0
	Patient in Centre Less than 365 days	Days	70.1	70.8	64.8	48.6	49.6
Selkirk	Patient in Centre 1 Year or More	Years	6.5	16.1	6.7	9.6	12.1
	Patient in Centre Less than 365 Days	Days	93.7	83.0	74.1	62.2	47.4

Table 4
Mental Health Centres: Out-Patient Caseload Movement[1] —
1987/88

Centre	Active Cases[2] at Beginning of Year	Registrations During Year	Terminations During Year	Active Cases at End of Year
Brandon	848	1,085	931	1,002
Selkirk	916	296	321	891
Total	1,764	1,381	1,252	1,893

[1] *Caseload movement includes those which received treatment services from medical, psychological, and/or social services staff.*

[2] *Criteria for active cases are those receiving service during the previous 12 months for Selkirk Mental Health Centre and the previous 90 days for Brandon Mental Health Centre.*

Table 5
Mental Health Centres: Out-Patients and Out-Patient Contacts —
1987/88

Centre	Former In-Patients	Not Former In-Patients	Total Out-Patients	Total Contacts
Brandon	751	1,306	2,057	9,599
Selkirk	604	287	891	4,843
Total	1,355	1,593	2,948	14,442

Table 1
Community Mental Health: Caseload Movement by Region —
1987/88

	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg	Total
Beginning of Year	221	456	221	161	297	159	579	1,387	3,481
Cases Opened	464	377	275	398	360	527	267	1,013	3,681
Total Cases	685	833	496	559	657	686	846	2,400	7,162
Cases Closed	475	349	244	362	379	452	301	747	3,309
End of Year	210	484	252	197	278	234	545	1,653	3,853

Table 1

Adult Forensic Services: Number of Patients Seen —

1986/87 and 1987/88

Health Sciences Centre[1]	1986/87	1987/88
Patients Admitted	116	89
Out-Patients seen for psychiatric assessment	86	122
Patients seen on a follow-up basis	824	881

[1] *In addition, 971 and 899 residents of Headingly Correctional Institution were seen by a psychiatrist at the institution in 1986/87 and 1987/88 respectively.*

Table 2

Children's Forensic Services: Number of Referrals by Category —

1986/87 and 1987/88

Probation Referrals	Number of Cases	
	1986/87	1987/88
Psychiatric	59	63
Psychological	53	54
Psychiatric/Psychological	17	16
Consultative Conferences	1	—
Total	130	133
Other Referrals	**Number of Sessions 1987/88**	
	New	Follow-up[1]
Manitoba Youth Centre	75	41
Agassiz Centre for Youth	15	50
Open and Secure Custody	52	138
Court and Probation	—	49
Other	—	10
Total	142	288

[1] *Includes long term and short-term psychotherapy cases.*

Table 1

Winnipeg Child Guidance Clinic:

Caseload Movement — School Year 1982/83 to 1986/87

	1982/83	1983/84	1984/85	1985/86	1986/87
Beginning of School Year	289	343	328	330	398
Cases Opened	262	256	277	334	294
Total Cases	551	599	605	664	692
Cases Closed	222	272	275	266	326
End of School Year	329	327	330	398	366

Table 2

Community Psychiatric Services for Children:

Rural[1] — Total Cases — 1983 to 1987/88

	1983	1984	1985/86	1986/87	1987/88
Total Cases	1,313	1,017	1,068	779[2]	722

[1] *Includes Brandon.*

[2] *Revised.*

Table 1 Manitoba Health

Departmental Expenditure Summary

April 1, 1987 - March 31, 1988

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21-1	Administration and Finance	2,473.8	2,539.4	(65.6)	
21-2	Community Health Programs	54,375.5	52,851.7	1,523.8	
21-3	Community Health Operations	25,992.4	26,242.6	(250.2)	
21-4	Mental Health	38,894.6	40,841.6	(1,947.0)	
Total		121,736.3	122,475.3	(739.0)	

[1] *Bracketted figures indicate an underexpenditure*

Table 2 Manitoba Health

Expenditure Summary Appropriation 21-1

April 1, 1987 - March 31, 1988

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21-1A	Minister's Salary	20.1	20.6	(0.5)	
21-1B	Executive Support				
-1	Salaries	292.4	376.6	(84.2)	1
-2	Other Expenditures	166.1	71.0	95.1	2
21-1C	Research and Planning				
-1	Salaries	446.2	443.4	2.8	
-2	Other Expenditures	62.1	93.4	(31.3)	3
21-1D	Communications				
-1	Salaries	28.9	40.0	(11.1)	4
-2	Other Expenditures	35.3	19.4	15.9	5
21-1E	Administration and Finance				
-1	Salaries	761.4	797.1	(35.7)	
-2	Other Expenditures	48.6	45.5	3.1	
21-1G	Human Resource Management				
-1	Salaries	389.9	393.3	(3.4)	
-2	Other Expenditures	35.3	51.8	(16.5)	6
21-1H	Internal Audit				
-1	Salaries	164.7	161.6	3.1	
-2	Other Expenditures	22.8	25.7	(2.9)	
Total Appropriation 21-1		2,473.8	2,539.4	(65.6)	

[1] *Bracketted figures indicate an underexpenditure*

Table 3 Manitoba Health

Expenditure Summary Appropriation 21-2

April 1, 1987 - March 31, 1988

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21-2A	Program Support				
-1	Salaries	835.2	1,080.6	(245.4)	7
-2	Other Expenditures	146.1	121.4	24.7	
21-2B	Communicable Disease Control				
-1	Salaries	558.0	627.3	(69.3)	
-2	Other Expenditures	3,579.1	3,128.4	450.7	8
21-2C	Maternal and Child Health				
-1	Salaries	244.8	242.8	2.0	
-2	Other Expenditures	301.8	355.1	(53.3)	
-3	External Agencies	617.7	617.7	0.0	
21-2D	Health Promotion				
-1	Salaries	748.5	894.0	(145.5)	9
-2	Other Expenditures	231.9	298.5	(66.6)	10
-3	External Agencies	511.4	511.4	0.0	
21-2E	Hearing Conservation				
-1	Salaries	96.4	104.6	(8.2)	
-2	Other Expenditures	149.8	220.6	(70.8)	11
-3	External Agencies	71.0	71.0	0.0	
21-2F	Gerontology				
-1	Salaries	151.6	148.7	2.9	
-2	Other Expenditures	916.7	1,240.3	(323.6)	12
21-2G	Continuing Care				
-1	Salaries	301.6	298.4	3.2	
-2	Other Expenditures	55.5	71.0	(15.5)	
-3	Home Care Assistance	35,579.1	33,499.4	2,079.7	13
-4	External Agencies	477.4	482.4	(5.0)	
21-2H	Medical Equipment and Supplies				
-1	Salaries	603.8	519.6	84.2	
-2	Other Expenditures	2,468.0	2,196.5	271.5	14
-3	External Agencies	580.2	580.2	0.0	
21-2J	Dental Services				
-1	Salaries	2,161.7	2,178.3	(16.6)	
-2	Other Expenditures	2,211.2	2,519.6	(308.4)	15
-3	External Agencies	160.9	159.0	1.9	
21-2K	Environmental Health				
-1	Salaries	157.7	194.2	(36.5)	
-2	Other Expenditures	20.7	15.3	5.4	

Table 3 Manitoba Health

Expenditure Summary Appropriation 21-2

April 1, 1987 - March 31, 1988

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21-2N	Information Resources				
-1	Salaries	195.3	210.6	(15.3)	
-2	Other Expenditures	217.3	216.8	0.5	
21-2Q	Northern Health				
-2	Other Expenditures	25.1	48.0	(22.9)	16
Total Appropriation 21-2		54,375.5	52,851.7	1,523.8	

[1] *Bracketted figures indicate an underexpenditure*

Table 4 Manitoba Health

Expenditure Summary Appropriation 21-3

April 1, 1987 - March 31, 1988

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21-3A	Community Health Operations				
-1	Salaries	23,032.7	23,409.8	(377.1)	17
-2	Other Expenditures	2,959.7	2,832.8	126.9	
Total Appropriation 21-3		25,992.4	26,242.6	(250.2)	

[1] *Bracketted figures indicate an underexpenditure*

Table 5 Manitoba Health

Expenditure Summary Appropriation 21-4

April 1, 1987 - March 31, 1988

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21-4A	Program and Management Support				
-1	Salaries	97.1	131.4	(34.3)	
-2	Other Expenditures	34.9	158.0	(123.1)	18
21-4B	Chief Provincial Psychiatrist				
-1	Salaries	179.7	254.5	(74.8)	
-2	Other Expenditures	38.0	39.4	(1.4)	
21-4C	Mental Health Directorate				
-1	Salaries	338.4	354.9	(16.5)	
-2	Other Expenditures	898.3	1,296.1	(397.8)	19
-3	External Agencies	1,134.7	1,219.3	(84.6)	
21-4D	Forensic Services				
-1	Salaries	377.3	505.1	(127.8)	20
-2	Other Expenditures	215.2	153.8	61.4	
21-4E	Children's Psychiatric				
-1	Salaries	527.0	716.4	(189.4)	21
-2	Other Expenditures	84.5	112.9	(28.4)	
21-4F	Brandon Mental Health Centre				
-1	Salaries	17,306.4	18,060.4	(754.0)	22
-2	Other Expenditures	2,158.9	2,212.4	(53.5)	
21-4G	Selkirk Mental Health Services				
-1	Salaries	13,477.6	13,613.0	(135.4)	
-2	Other Expenditures	2,026.6	2,014.0	12.6	
Total Appropriation 21-4		38,894.6	40,841.6	(1,947.0)	

[1] *Bracketted figures indicate an underexpenditure*

Manitoba Health

Expenditure Explanations

April 1, 1987 - March 31, 1988

1. The underexpenditure in salaries is due to:
   1) A position remaining vacant as the Associate Deputy Minister was being paid on a contract basis;
   2) Other staff turnover.
2. The overexpenditure is due mainly to the following:
   a) An Associate Deputy Minister and a consultant being hired on a contract basis, resulting in an increase in professional fees;
   b) An increase in vehicle mileage coupled with higher mileage costs;
   c) Modernization of the telephone system;
   d) Expenditures on office supplies increased as a result of greater usage requirements.
3. The underexpenditure is due mainly to the following:
   a) Professional fees minimally utilized;
   b) Photocopier rental overestimated;
   c) Anticipated report printing which did not occur;
   d) Travel costs less than anticipated.
4. A position was not filled until August 29/87 resulting in a saving in salary expenditures.
5. The additional expenditure related to initial start-up costs consisting of:
   a) Furniture and furnishings;
   b) Employee relocation;
   c) Other minor increases and decreases.
6. The underexpenditure is due mainly to the following:
   a) Reduction in staff training;
   b) Deferred purchase of office supplies and equipment; and
   c) Travel related to attendance at conferences/seminars was reduced.
7. The underexpenditure is due mainly to the following:
   a) Vacant and underfilled medical officer positions;
   b) Staff utilizing time off (in lieu of overtime pay);
   c) Standby costs reduced as arrangements were made with Communicable Disease Control staff to share duties;
   d) Staff turnover resulting in savings due to:
      — Three positions filled at lower classifications
      — Two positions filled on a part-time basis only
      — Other staff turnover.
8. The overexpenditure is due mainly to the following:
   a) To ensure proper pharmaceutical standards were met, the drug purchasing, dispensing and distribution functions were transferred from the Department to the Misericordia Hospital, resulting in increased costs;
   b) A 12% increase in the number of animals inspected and a 50% increase in the hourly rate charged by the Federal Government for inspection services;

c) The overexpenditure in the Life Saving Drug Program is due to:
   — A marked increase in the number of patients using the program
   — A cost increase of 12% in drugs
   — Cost increases in growth hormones
   — Over half of diabetic patients require human insulin, which costs 25% more than beef/pork insulin;

d) The AIDS initiative was new in fiscal year 1987/88. Funds allocated for public education and the establishment of a telephone information line were overexpended in the areas of: advertising, office supplies, and professional services (partially offset by underexpenditures in the areas of: transportation, accommodations, postal services, food and beverage, and furniture/furnishings).

9. The underexpenditure is due mainly to the following:

   a) Severance and vacation pay on termination, etc., exceeded Estimates;

   b) Pay equity and G.S.I., which were not included in Estimates;

   c) Vacancies, and positions filled at lower classifications.

10. The underexpenditures is due mainly to the following:

   a) **Smoking Reduction Program**
      — Lower than estimated advertising costs and reductions in program advertising
      — Higher than estimated costs for purchase and printing of promotional material
      — Professional fees incurred in 1986/87 were paid out of 1987/88 funds;

   b) **Diabetes Education** — Regional operational needs for professional services were established at lower levels;

   c) **Fitness Program and Administration** — Increased promotional activities and presentations beyond anticipated levels resulted in an overexpenditure for printed matter.

11. The underexpenditure is due primarily to the following:
   a) A delay in the purchase and installation of a Regional Sound Booth;

   b) A delay in the purchase of audiometric equipment, FM equipment and other operating parts;

   c) An unanticipated payment to Luther Home for professional services.

12. Support Services to Seniors projects were initially estimated on a full-time operational basis but were phased in on a part-time basis. Underexpenditures occurred in: contract staff, professional fees, travel and postage, (offset in part by overexpenditures in: telephones, printing of publications, and other miscellaneous items).

13. The overexpenditure in Home Care Assistance is due to the following:

   a) More Hospital Home Care program clientele required heavier levels of care, ie., more units of care per person;

   b) The Home Care Attendants Agreement produced a price increase of $0.25/hour and 3% G.S.I. for attendants and orderlies;

   c) District Health Centres experienced a growth in clients requiring heavier care;

   d) The price increase for purchased nursing services was greater than anticipated (4.5% compared to 3%);

   e) Price increases for Community Therapy Services occurred twice during the year and were greater than anticipated (5.3% and 7.9% compared to a 3% projection);

   f) Regional Service expenditures exceeded planned amounts due to:
      — Increases in units of service of approximately 10%, combined with an increase in the number of clients requiring care;
      — A 10% increase in the demand for overnight care;
      — An increase in the units of service and number of persons receiving service;
      — Price increase for purchased nursing services greater than anticipated;
      — Increased transportation costs due to the greater number of persons requiring more frequent service, coupled with an increase in the mileage rate and geographically larger service areas.

14. The overexpenditure is mainly due to:
    a) Price increases of 7%;
    b) The purchase of 200 additional nebuilizing compressors in 1987/88;
    c) Unplanned purchase of a fork lift truck;
    d) The purchase of 200 additional manual wheelchairs;
    e) Price increases in areas such as freight, vehicles, office supplies, telephones, janitorial supplies and other minor items.
15. The underexpenditure in operating expenses is due to the following:
    a) Manitoba Dental Association payments to private practice dentists were lower than anticipated due to the delay in concluding contract negotiations and implementing the fee increase;
    b) As a result of the termination of the dental nurses program at the Wascana Institute in Regina, there were no expenditures for dental nurse training;
    c) Dentists were hired on term in the Western District (rather than on per diem contracts) in the Children's Dental Program;
    d) Temporary staff shortages in the Children's Dental Program (Eastern District) resulted in reduced expenditures for travel, hotel and meals.
16. This underexpenditure is due to the delayed implementation of an education program for northern nurses. January 1989 is projected as the revised implementation date.
17. The underexpenditure is due mainly to:
    a) Reductions in overtime, qualification pay, standby/call duty, remoteness allowance and week-end premiums;
    b) Increased costs for pay equity offset by underexpenditures in G.S.I., reclassifications and vacancies.
18. The underexpenditure in operating expenses is due to the following:
    a) No physicians had requested training assistance during the year;
    b) The Review Boards required as part of the amendments to the Mental Health Act were delayed, as Bill 59 was not proclaimed until March 1, 1988;
    c) Unanticipated relocation and recruitment costs incurred in connection with the Career Residency Program and the recruitment of a psychiatrist;
    d) Increased office equipment/furniture expenses associated with the relocation of Management Support Services.
19. The underexpenditure in operating expenses is due mainly to:
    a) Delays in the implementation of the Mental Health New Initiative Proctor Program and in the development of regional day programs;
    b) Reduction in staff training expenditures;
    c) Many external agencies were not operating to capacity;
    d) Lower than anticipated costs related to the Audio-Visual Link.
20. The underexpenditure is due mainly to the following:
    a) Retirements and vacant positions affecting salary expenditures;
    b) One position vacant for the whole year and another position filled on a part-time basis only;
    c) A savings in qualification pay;
    d) Severance and vacation pay outs;
    e) Additional costs related to G.S.I., pay equity, increments and reclassifications.

21. The underexpenditure is due mainly to:

a) Salary savings resulting from medical positions which were vacant and either filled on a part-time basis or filled at lower classifications;

b) Severance payments were lower due to fewer retirements than anticipated;

c) Call-out, overtime and shift premiums were lower than anticipated;

This situation was partially offset by overexpenditures in vacation pay-out related to above average staff turnover.

Table 1 Manitoba Health

Revenue Summary

April 1, 1987 - March 31, 1988

Revenue Source	Actual Revenue ($000)	Printed Estimate ($000)	Variance ($000)	Explanation Number
Current Operating Programs				
Government of Canada				
V.R.D.P.	3,113.6	1,947.9	1,165.7	1
C.A.P.	9,029.3	4,417.9	4,611.4	2
Sub-Total	12,142.9	6,365.8	5,777.1	
Other Revenue				
Sundry	2,490.6	3,167.6	(677.0)	3
Total	14,633.5	5,533.4	5,100.1	

Manitoba Health

Revenue Explanations

April 1, 1987 - March 31, 1988

1. Actual claims received were higher than anticipated. Re-negotiation of the V.R.D.P. Agreement between the Federal Government and the Alcoholism Foundation of Manitoba was expected to reduce revenue by approximately one-half. However, full cost-sharing was reinstated.
2. The C.A.P. claims were higher than estimated due mainly to:
   a) Higher shareable costs in Home Care Assistance in 1986/87 than originally forecast and accrued for, resulting in increased claims of $1,291.0.
   b) Recovery in 1987/88 of prior year's revenue which had not been anticipated, resulting in increased revenue of $1,835.2:

1974/75 to 1981/82	$1,098.6
1982/83 to 1985/86	736.6
	$1,835.2

   This was due to a change in the method of calculation of shareable costs on an individual regional basis (rather than on a global basis), as well as the finalization of all outstanding claims.
   c) Increased shareable costs related to caseload and volume increases in Home Care Assistance of $1,485.2
3. Actual revenue received in 1987/88 was less than the Printed Estimates due mainly to the following:
   a) Revenue from per diem charges to long-term patients in mental health centres was less than anticipated by $567.9. This is due in part to the reduced number of patients eligible for per diem charges. In addition, the 1987/88 Estimate was based on erroneous 1986/87 revenue figures which included two months of late payments from the prior fiscal year.
   b) Revenue received from Manitoba Hydro regarding the provision of additional health and social services at the Limestone Generating Station was $65.6 less than Estimates. The schedule of payments provided a reduced annual grant, of which 50% was paid to Community Services.
   c) Revenue received from the Maintenance of Patients was $23.3 less than anticipated due to the death of one patient and the corresponding decrease in revenue.
   d) Revenue received from Board and Living Accommodations was reduced by $20.1. This revenue fluctuates annually and is dependant upon staff need/demand and turnover variables.